UNITED
NATIONS

E

Economic and Social Council

Distr.
GENERAL

E/1995/55
13 June 1995

ORIGINAL: ENGLISH

Substantive session of 1995
Geneva, 26 June-28 July 1995
Item 4 of the provisional agenda*

OPERATIONAL ACTIVITIES OF THE UNITED NATIONS FOR INTERNATIONAL DEVELOPMENT COOPERATION

Annual report of the United Nations Population Fund to the Economic and Social Council

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I. FOLLOW-UP TO GENERAL ASSEMBLY RESOLUTIONS 44/211 AND 47/199

1. This report has been prepared in response to Economic and Social Council decision 1994/33, paragraph 7 (a), which requested the funds and programmes, through their executive boards, to include in their annual reports to the Council, a section outlining measures taken in the implementation of the provisions of the triennial policy review of operational activities.

2. During 1994, the United Nations Population Fund (UNFPA) continued to address relevant elements of resolution 47/199 in all its policy planning, programming and training exercises, including, most notably, those dealing with support for the Resident Coordinator system, the formulation of country strategy notes (CSN); harmonization of programming cycles and procedures; utilization of the programme approach; strengthening of national execution and national capacity building; decentralization; preparation and streamlining of programming guidelines; and training.

3. UNFPA continued to work closely with its United Nations partner agencies and organizations through the Joint Consultative Group on Policy (JCGP), the Consultative Committee on Programme and Operational Questions (CCPOQ) and the Consultative Committee on Administrative Questions (CCAQ) of the Administrative Committee on Coordination (ACC). It also participated in relevant inter-organizational training exercises at both the country and global levels, notably the International Labour Organisation (ILO) International Training Centre in Turin, Italy.

4. In line with the preparations for the International Conference on Population and Development (ICPD), UNFPA served in May 1994 as lead agency for the Turin Centre's 12th Management Coordination Workshop for Senior United Nations Field Representatives. The Executive Director, who is also the current chair of the CCPOQ, was the first executive head of a United Nations organization to give the keynote address to the Management Workshop. She briefed the participants, comprising four inter-agency country teams (Kenya, Ghana, Namibia and Viet Nam), on the preparations for the ICPD and highlighted the importance of population in the preparation of socio-economic development strategies. UNFPA staff collaborated with the Training Centre's staff in integrating population issues into the Turin Centre's curricula.

5. Resident Coordinator system. At the country level, UNFPA Country Directors continued to actively participate in the Resident Coordinator system. UNFPA's staff was fully involved in all coordination processes, such as the country strategy note, the programme approach, the harmonization of programme cycles and procedures and national execution. Furthermore, the Country Directors routinely shared information with United Nations partner organizations on new findings and major policy developments in the population area and chaired field committees dealing with the interrelationship between population and development.

6. Country strategy note. During 1994, UNFPA was an active partner in numerous CSN exercises. By the end of the year, country strategy notes were in various stages of preparation in more than 60 developing countries. In April 1994, UNFPA distributed to all its field staff the guidance document on country strategy notes that had been prepared by the United Nations in consultation with the CCPOQ. UNFPA also advised its staff on how to link the country strategy note to UNFPA's Programme Review and Strategy Development (PRSD) exercises. The UNFPA country programmes for Indonesia and Turkey, approved by the Executive Board in April 1995, reflected the overall population policies and development priorities as set forth in the country strategy notes for those countries. Moreover, UNFPA participated in various consultative committees and thematic cluster groups set up to prepare for the CSN process in, for example, Burkina Faso, Costa Rica, Ghana, Guinea, Kenya, the Philippines, Senegal, the Syrian Arab Republic, and Thailand.

7. Harmonization of programming cycles and programming procedures. In a joint letter sent in May 1994, the Deputy Executive Directors of UNICEF, UNDP and UNFPA informed the field representatives of the organizations of options for harmonizing programme cycles in countries where this had not yet occurred and of the need to synchronize the programming cycle with the budget cycles and plans of the countries involved. Four JCGP working groups, one for each geographical region (UNFPA is focal point for the Latin America and the Middle East regions), are in charge of monitoring this process. By the end of 1994, some 35 country programmes had been fully synchronized and some 50 others are to be harmonized during the next programming cycle (1996 - 2001). However, the social and political conditions in some 20 countries make the undertaking of the harmonization exercise very difficult.

8. UNFPA participated in the JCGP subgroup that examined ways to harmonize and simplify programme and project policies and procedures. The subgroup decided to build up, systematically, a common approach to specific issues that the JCGP organizations have in common. Another JCGP subgroup considered the issue of payments to government staff and recommended that only in a limited number of countries should projects cover some or all of local costs (for example, for projects related to emergency and humanitarian relief and certain development projects meeting basic needs). Where possible, an exit strategy should be developed in cases where local payment cannot be expected to end immediately.

9. Programme approach. In early 1994, UNFPA field staff took part in eight study missions, organized by the United Nations, to review the programme approach experience in selected countries and to find ways to accelerate progress. The results of these studies were reviewed in April 1994 in an informal inter-agency consultation at the Turin Centre. The degree to which a common interpretation of the programme approach had been implemented was discussed and recommendations were made with regard to practical steps and processes to follow when

promoting and applying the approach. UNFPA's lessons learned from its PRSD exercises served as useful inputs into the consultations.

10. National execution and national capacity building. The inter-agency consultations in April 1994 also reviewed the status of national execution of development projects and found that considerable progress had been made. The consultation concluded, however, that an effective application of the national execution modality was predicated on the existence of adequate institutional, and especially managerial, capacity in a country.

11. In line with UNFPA's policy guidelines on national execution, UNFPA staff are to assess the availability of national expertise before including a component on external technical assistance in a project. During 1994, UNFPA's field offices continued to work closely with national authorities in identifying national expertise as well as in assessing capacities of government institutions, non-governmental organizations (NGOs) and the private sector, to be used in the implementation of population activities. UNFPA Country Support Teams and Country Directors built up rosters of national experts for use as consultants and participants in technical missions and training workshops.

12. While moving increasingly towards national execution, many UNFPA programme activities continued to be jointly executed by the government and a specialized agency of the United Nations or an international NGO in order to transfer state-of-the-art technical advice and technology. In 1994, government-executed projects received a total of $66.4 million in allocations, compared to $21.0 million expended by government-executed projects in 1993.

13. Decentralization. UNFPA's guidelines on decentralization and approval authority of UNFPA Country Directors, revised in 1993, raised the delegated project-approval authority to $750,000, up from $500,000 from 1990-1993 and $250,000 before 1990. In addition, the Fund extended total programme approval authority, on a trial basis, to 12 countries (Algeria, Bangladesh, Burkina Faso, Ethiopia, Honduras, Malawi, Pakistan, Peru, Philippines, Senegal, South Pacific subregion, and Syrian Arab Republic). As a result, 80 per cent of country projects were approved by decentralized approval authority in 1994 compared to 45 per cent in 1993.

14. Training. During 1994, the Fund contributed funding, training advice and population-related expertise to the inter-organizational training exercises at the Turin Training Centre, which eight Country Directors attended, and to various country-level training activities. Some 50 countries, most of them in the Africa region, have established field committees under the leadership of the Resident Coordinator. With the support of curricula and training materials from the Turin Centre and the JCGP working groups, these committees organized or prepared for joint training exercises on such issues as the country strategy note, national execution, national capacity building, HIV/AIDS prevention, Safe Motherhood within the context of reproductive health, and women in development.

15. Evaluation, management audit and aid accountability. Through its participation in the Inter-Agency Working Group on Evaluation, UNFPA was fully involved in the preparation of principles for a monitoring and evaluation methodology in the context of the programme approach. The CCPOQ approved these principles in early 1995. UNFPA also participated in the JCGP Working Groups on Management Audit Systems and Aid Accountability. Common elements and standard auditing practices have been identified, and the possibility of undertaking joint audit of programmes and projects was discussed. Moreover, in 1994 a study on aid accountability was commissioned by the JCGP organizations.

II. FOLLOW-UP TO THE INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

16. This report has been prepared in response to Economic and Social Council decision 1994/33, paragraph 7 (b), which requested the funds and programmes, through their executive boards, to include in their annual reports to the Council a section on the activities and measures undertaken within the designated theme(s) for the high-level meeting of the operational activities segment.

17. The enthusiasm and sense of mission that came out of the International Conference on Population and Development (ICPD) and its Programme of Action have had, and will continue to have, a profound effect on the work of UNFPA. In the months since the Cairo conference, translating the Programme of Action into reality has been of critical urgency to the Fund in all of its activities. Initial efforts in achieving this goal have had important implications for UNFPA headquarters, work being carried out in the field, and in the Fund's relations with other agencies and organizations both within and outside of the United Nations system.

18. An important first step in carrying out the Programme of Action was the series of follow-up consultations held at UNFPA headquarters immediately after the ICPD for the Africa, Arab States, Asia and Pacific, and Latin America and the Caribbean regions (a similar meeting for Europe is scheduled for early May). These consultations were extremely valuable in providing insights on the differing needs of various countries and regions and in producing practical suggestions for future work. All of UNFPA's country programmes are now being reviewed to align them more closely with the basic principles of the Programme of Action, and field staff are working with governments in reviewing national population policies to ensure that such policies reflect the priorities agreed to at the ICPD.

19. The Fund is reviewing its policy guidelines in the areas of reproductive health and family planning; information, education and communication; gender, population and development; population and sustainable development; and collaboration with non-governmental organizations (NGOs). Because of the centrality of the concept of fostering a holistic approach to reproductive health, one of the first initiatives in defining new policy guidelines was the convening of an "Expert Consultation on Reproductive Health and Family Planning: Directions for UNFPA Assistance". The participants at this conference focused on ways that UNFPA could increase its emphasis, inter alia, on sexual health and sexual rights, male responsibility for family planning, providing reproductive health information and services to adolescents, prevention of female genital mutilation, quality assurance and programme monitoring, and advocacy in support of reproductive health.

20. UNFPA also convened a series of joint workshops with partner agencies in the United Nations development system to examine how best to carry out the Programme of Action at the country and local levels. These workshops focused on key areas of the Fund's programme -- reproductive health and family planning (with WHO); information, education and communication (with UNESCO and WHO); and population data, policy and research (with ILO). The workshops involved advisers from UNFPA's Technical Support Services/Country Support Team system, including specialists from the respective United Nations agencies and organizations.

21. For the United Nations system as a whole, the importance of the ICPD was underscored by the General Assembly's adoption on 19 December 1994 of resolution 49/128, "Report on the International Conference on Population and Development". Emphasizing the importance of continued and enhanced cooperation and coordination by all relevant organs, organizations and programmes of the United Nations system and the specialized agencies, the resolution requests these agencies to review and, where necessary, adjust their programmes and activities in line with the Programme of Action and to take appropriate measures to ensure its full and effective implementation. The resolution sets up a three-tiered mechanism for pursuing the intergovernmental follow-up to the ICPD: the General Assembly, as the highest intergovernmental mechanism for policy formulation and appraisal, to organize a regular review of the implementation of the Programme of Action; the Economic and Social Council (ECOSOC), in assisting the General Assembly, to promote an integrated approach and provide system-wide guidance and coordination in monitoring the implementation of the Programme of Action; and a revitalized Population Commission, as the functional commission assisting ECOSOC.

22. Resolution 49/128 contains a provision renaming the Population Commission the "Commission on Population and Development" and provides for it to meet annually instead of bi-annually, starting in 1996. At its meeting in February/March 1995, the Commission on Population and Development submitted a document to ECOSOC outlining its views on the follow-up to the ICPD and prepared "a topic-oriented and prioritized multi-year work programme", as contained in draft report E/CN.9/1995/L.3/Add.1.

23. The ICPD had addressed the issue of a separate Executive Board for UNFPA. The Programme of Action invited the General Assembly to give further consideration to the establishment of such a board. Resolution 49/128 calls upon ECOSOC to consider establishing a separate Executive Board for UNFPA.

24. On behalf of the Secretary-General and at the request of the Administrator of the United Nations Development Programme (UNDP), the Executive Director of UNFPA convened and chaired the first meeting of the Inter-Agency Task Force on the Implementation of the ICPD Programme of Action on 13 December 1994. Participants included representatives of 12 United Nations and organizations, who worked to establish a common framework for following up on the ICPD. It was decided to use working groups for inter-agency collaboration at the country level in the following areas: (a) a common data system at the national level in the field of health, notably in the areas of infant, child and maternal mortality; (b) basic education, with special attention to gender disparities; (c) policy-related issues, including the drafting of a common advocacy statement on social issues; and (d) women's empowerment. The first of these inter-agency working groups, the one on basic education, was convened on 7 March 1995 at UNESCO headquarters in Paris.

25. The Administrative Committee on Coordination (ACC) held its first regular meeting in February/March 1995 to discuss the implications of the ICPD. It underscored the importance of shared responsibility within the United Nations system for the implementation of the Programme of Action and the need for coordination among United Nations agencies and organizations at the country level, through the Resident Coordinator system and the country strategy notes. The ACC also called for increased cooperation and coordination with NGOs.

26. To achieve the goals of the ICPD it will be necessary to mobilize resources from Governments and NGOs. At the request of the Secretary-General, the Executive Director of UNFPA convened a consultation on resource mobilization on 20 January 1995, which made several valuable suggestions. These meetings will take place periodically in the future. An important emphasis of the ICPD was on the role of NGOs. In light of the need to involve NGOs in the successful implementation of the Programme of Action, the Executive Director convened the first meeting of an NGO Advisory Committee on 12-13 April 1995 at UNFPA headquarters.

27. The UNDP/UNFPA Executive Board has met twice since the ICPD to discuss, among the other items in the agenda, the follow-up to the Cairo conference. At the January 1995 session, UNFPA presented an interim report (document DP/1995/8) outlining, in a preliminary manner, the policy and programme directions being taken as a result of the ICPD. At its annual session in June, the Executive Board will consider the Programme priorities and future directions of UNFPA in light of the International Conference on Population and Development, as contained in document DP/1995/25.

28. The Executive Director convened a UNFPA management retreat in February 1995 with the overall theme of "A Time for Change". Participants discussed, inter alia, what the mission of UNFPA should be for the next 10 years; what was UNFPA's comparative advantage vis-a-vis other actors in the population field; how to focus UNFPA's programme on fewer substantive sectors and its limited resources on the countries most in need; and how to collaborate better with others in the United Nations system as well as with bilateral and non-governmental organizations.

29. In order to undertake the task of coordinating UNFPA's own follow-up to the ICPD, the Executive Director established a UNFPA Task Force on ICPD Implementation that became operational on 3 January 1995. The UNFPA Task Force has issued reports on the first meeting of the Inter-Agency Task Force on the Implementation of the Programme of Action and of the consultation on resource mobilization. It also prepared a report for the ACC on the role of the United Nations system in the follow-up to the Cairo conference. The Task Force organized the first meeting of the NGO Advisory Committee and the working group on basic education mentioned above and is now working to organize the other three working groups established by the Inter-Agency Task Force.

30. The success of the ICPD was, to a large extent, the result of its inclusiveness -- the sense that all involved felt themselves to be a part of the process and, therefore, part of its outcome. The follow-up to the Cairo conference will expand on these newly established or revitalized partnerships. All parties involved need to do their share in implementing the Programme of Action. UNFPA will work closely with Governments, other United Nations agencies and organizations, multilateral and bilateral organizations, and with NGOs in achieving the goals of the Programme of Action and in making sure that population and gender concerns are firmly placed in the centre of the development debate and activities, the aim of which is to improve the well-being of all people.

III. FOLLOW-UP TO THE WORLD SUMMIT FOR SOCIAL DEVELOPMENT

31. This report has been prepared in response to Economic and Social Council decision 1994/33, paragraph 7 (b), which requested the funds and programmes, through their executive boards, to include in their annual reports to the Council a section on the activities and measures undertaken within the designated theme(s) for the high-level meeting of the operational activities segment.

32. UNFPA participated in the preparatory activities for the World Summit for Social Development, as well as in the Summit itself. Several UNFPA country offices provided support to selected members of country delegations and representatives of NGOs to attend preparatory activities and the Summit.

33. The Social Summit reinforced the objectives of the International Conference on Population and Development (ICPD). For example, Chapter II of the Social Summit Programme of Action, on eradication of poverty, sets forth certain goals that are consistent with those contained in the ICPD Programme of Action, including those related to access to basic education, life expectancy, and levels of infant and maternal mortality, among others (e.g., paras. 36 (a), (b), (c), (d)). Chapter II calls on Governments, in partnership with all other development actors, to make reproductive health available through the primary health care system to all individuals of appropriate age as soon as possible and no later than the year 2015 (para. 36 (h)). The chapter also says that access to social services should be improved through promoting cooperation among government agencies, health-care workers, NGOs, women's organizations and other institutions of civil society in order to develop a comprehensive national strategy for improving reproductive health care and child health care services and ensuring that people living in poverty have full access to those services (para. 37 (e)).

34. Chapter IV, in addressing the subject of family responsibility, recognizes that helping the family in contributing to social integration should involve promoting equal partnership between women and men in the family. It calls for specific measures, in the context of the implementation of the Nairobi Forward-looking Strategies for the Advancement of Women, to remove long-standing legal and social barriers to employment, education, productive resources and public services; assist women in becoming aware of and realizing their rights; and ensure the elimination of intra-family discrimination for the girl child, especially in regard to health, nutrition and education (para. 73 (b)). Chapter IV also calls for urgent action to combat violence against women (e.g., paras. 70, 79 (a), 79 (b)), and in particular against female genital mutilation.

35. Immediately following the conclusion of the Social Summit, UNFPA shared with its field and headquarters staff the highlights of the Summit, particularly those elements of the Social Summit Programme of Action that are related to the consensus reached at the ICPD. The Fund will implement all relevant recommendations that are within its mandate and will serve as a strong advocate for recommendations on other population-related social goals, objectives and commitments adopted at Copenhagen. UNFPA will inform the Council of progress made in implementing the recommendations of the World Summit for Social Development.

UNITED
NATIONS

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Economic and Social Council

Distr.
GENERAL

E/1995/56
9 May 1995

ORIGINAL: ENGLISH

Substantive session of 1995
Geneva, 26 June-28 July 1995
Item 6 (j) of the provisional agenda*

ECONOMIC AND ENVIRONMENTAL QUESTIONS: REPORTS OF SUBSIDIARY BODIES, CONFERENCES AND RELATED QUESTIONS: TRANSPORT OF DANGEROUS GOODS

Work of the Committee of Experts on the Transport of Dangerous Goods

Report of the Secretary-General

SUMMARY

In accordance with Economic and Social Council resolution 645 G (XXIII) of 26 April 1957, the Secretary-General reports biennially to the Council on the work of the Committee of Experts on the Transport of Dangerous Goods. In the present report, the Secretary-General brings to the attention of the Council the work done by the Committee and its subsidiary body during the biennium 1993-1994.

The Committee adopted new and amended recommendations on the transport of dangerous goods and finalized the rationalization of its "Manual of Tests and Criteria" for the classification of dangerous goods. The Committee requested that these new and amended recommendations be compiled in a new revised edition (the ninth revised edition) of the Recommendations on the Transport of Dangerous Goods, and that this revised edition be published in all the official languages of the United Nations not later than the end of 1995. It also requested that the "Manual of Tests and Criteria" be published in English

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and French not later than the end of 1995, and in all the other official languages of the United Nations as soon as possible.

The Committee took steps to give effective follow-up to Agenda 21, in particular to chapter 19 on "Environmentally sound management of toxic chemicals including prevention of illegal international traffic in toxic and dangerous products". In order to cooperate more efficiently with other international organizations concerned, the Committee prepared a draft resolution (II), on its role in the development of a harmonized system of classification and labelling of chemicals for implementing chapter 19 of Agenda 21, for recommendation for adoption by the Council.

The Committee included in its programme of work for 1995-1996 an item on the reformatting of the Recommendations on the Transport of Dangerous Goods into a model regulation in order to facilitate, in future, implementation of the Recommendations through national and international regulations.

The Committee is recommending two draft resolutions on its work for adoption by the Council.

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I. DRAFT RESOLUTIONS FOR ADOPTION BY THE COUNCIL

1. The Committee of Experts on the Transport of Dangerous Goods recommends to the Economic and Social Council the adoption of the following draft resolutions:

DRAFT RESOLUTION I

Work of the Committee of Experts on the Transport of Dangerous Goods

The Economic and Social Council,

Recalling its resolution 1993/50 of 29 July 1993,

Noting the increasing volume of dangerous goods in world-wide commerce and the rapid expansion of technology and innovation,

Bearing in mind the continuing need to meet the growing concern for the protection of life, property and the environment through the safe transport of dangerous goods while facilitating trade,

Aware that, in order to achieve internationally harmonized laws, the Economic Commission for Europe, the specialized agencies and other international organizations involved in activities related to the transport of dangerous goods and interested member States have responded positively to the Council's various resolutions adopted since 15 April 1953, and that, being committed to taking the recommendations of the Committee of Experts on the Transport of Dangerous Goods as a basis for the formulation of their requirements and regulations, including those concerning labelling and classification, those organizations therefore rely on the work of the Committee,

Noting the activities of the Economic Commission for Europe and the Central Office for International Carriage by Rail, as well as projects of other international organizations for restructuring their regulations applicable to the transport of dangerous goods,

Noting also the advice of the Committee of Experts on the Transport of Dangerous Goods to the effect that reformatting the provisions applicable to all modes of transport contained in the Recommendations on the Transport of Dangerous Goods into a model regulation, annexed to a basic recommendation, that could be directly integrated into all modal national and international regulations would enhance harmonization, facilitate regular updating of all instruments concerned by the relevant organizations or regulatory authorities, and result in overall considerable resource savings for the Governments of the member States, the United Nations, the specialized agencies and other international organizations,

1. Takes note of the report of the Secretary-General on the work of the Committee of Experts on the Transport of Dangerous Goods during the biennium 1993-1994 1/ and of the new and amended recommendations approved by the

Committee for inclusion in its existing recommendations, 2/ including a rationalized "Manual of Tests and Criteria"; 1/

2. Commends the Secretary-General for the timely publication of the eighth revised edition of the Recommendations on the Transport of Dangerous Goods 4/ in all the official languages of the United Nations;

3. Requests the Secretary-General:

(a) To incorporate within the existing Recommendations of the Committee of Experts on the Transport of Dangerous Goods all the new and amended recommendations approved by the Committee at its eighteenth session;

(b) To publish the new and amended recommendations in all the official languages of the United Nations, in the most cost-effective manner, not later than the end of 1995;

(c) To publish in the most cost-effective manner, the rationalized "Manual of Tests and Criteria" in English and French not later than the end of 1995, and in all other official languages of the United Nations as soon as possible;

(d) To circulate the new and amended recommendations, including the "Manual of Tests and Criteria", immediately after their publication to the Governments of member States, the specialized agencies, the International Atomic Energy Agency and other international organizations concerned;

4. Invites all Governments, the specialized agencies, the International Atomic Energy Agency and the other international organizations concerned to transmit to the Secretary-General their views on the Committee's work, together with any comments that they may wish to make on the amended recommendations;

5. Invites all interested Governments, regional commissions and specialized agencies and the international organizations concerned, when developing appropriate codes and regulations, to take full account of the recommendations of the Committee;

6. Requests the Secretary-General to take all necessary steps for ensuring secretariat representation of the Committee of Experts on the Transport of Dangerous Goods at appropriate meetings of international organizations committed to implementing the recommendations of the Committee or involved in the process of global harmonization of classification and labelling systems for chemicals;

7. Approves the programme of work of the Committee and its Subcommittee of Experts on the Transport of Dangerous Goods for the biennium 1995-1996, as well as the working arrangements, and the priorities of work for that biennium, as follows:

(a) Global harmonization of classification criteria (implementation of chapter 19 of Agenda 21), 5/ in accordance with draft resolution II of the Committee on the role of the Committee in the development of a harmonized system

of classification and labelling of chemicals for implementing chapter 19 of Agenda 21;

(b) Reformatting of the Recommendations on the Transport of Dangerous Goods into a model regulation;

(c) Review of the recommendations on the transport of dangerous goods in multimodal portable tanks;

(d) New or revised recommendations on the transport of dangerous goods;

8. Requests the Secretary-General to maintain the appropriate staff resources for the service of meetings related to the work of the Committee and its Subcommittee, in view of the new programme of work which includes as a high priority the global harmonization of classification criteria;

9. Also requests the Secretary-General to submit a report to the Council in 1997 on the implementation of the present resolution.

DRAFT RESOLUTION II

Role of the Committee of Experts on the Transport of Dangerous Goods in the development of a harmonized system of classification and labelling of chemicals for implementing chapter 19 of Agenda 21

The Economic and Social Council,

Recalling its resolution 468 (XV) G of 15 April 1953, in which the Council established the terms of reference of the future Committee of Experts on the Transport of Dangerous Goods, in particular as regards its role in recommending and defining groupings or classifications of dangerous goods on the basis of the character of risk involved, and recommending marks or labels for each grouping or classification which should identify the risk graphically and without regard to printed text,

Recalling also its resolution 645 (XXIII) G 26 April 1957, in which the Council invited the Secretary-General to continue his consultations with the Director-General of the International Labour Office on the best means of avoiding any overlapping of the work of the Committee of Experts on the Transport of Dangerous Goods with any work being undertaken in this field by the International Labour Organization,

Recalling further its resolution 1993/50 of 29 July 1993, in which the Council invited all Governments and the international organizations concerned with the implementation of chapter 19 of Agenda 21, 5/ and participating in the development of a globally harmonized system of classification and labelling of chemicals, to avoid duplication of work and to ensure that, to the greatest extent possible, the new system drew on, or was compatible with, the internationally well-recognized and implemented system developed by the Committee of Experts on the Transport of Dangerous Goods,

Bearing in mind that the Commission on Sustainable Development, at its second session, when reviewing progress in the implementation of Agenda 21 and, in particular, the sectoral cluster "Toxic chemicals and hazardous wastes", endorsed the Priorities for Action adopted by the International Conference on Chemical Safety for the implementation of chapter 19 of Agenda 21, and welcomed in particular the targets and timetables agreed upon, 6/ including the date of 1997 for finalization of the technical work on classification criteria, 7/ and that the Commission called upon United Nations bodies and other international organizations to improve international coordination to avoid unnecessary duplication of efforts and to strengthen the International Programme on Chemical Safety, 8/

Recalling its decision 1994/300 of 29 July 1994, in which it endorsed the decisions and recommendations contained in the report of the Commission on Sustainable Development, 9/ with the exception of that contained in chapter I, paragraph 24, and invited inter alia, organs of the United Nations system to implement those decisions and recommendations and to take the necessary action to give them effective and transparent follow-up,

Noting that the Committee of Experts on the Transport of Dangerous Goods, to accelerate the work on global harmonization, is already cooperating with the International Labour Office, the World Health Organization, the United Nations Environment Programme and the Organisation for Economic Cooperation and Development as regards criteria for health hazards and hazards to the environment,

Noting also that the Committee of Experts on the Transport of Dangerous Goods, after four years of fruitful work, has just finalized an extensive revision of its "Manual of Tests and Criteria", 3/ related to the classification of flammable, explosive and reactive materials,

Noting further that the Director of the International Programme on Chemical Safety and the Director of the Working Conditions and Environment Department of the International Labour Office have requested the Committee of Experts on the Transport of Dangerous Goods to elaborate proposals for globally harmonized criteria for the classification of explosive, flammable and reactive materials, on the basis of the newly revised "Manual of Tests and Criteria", which should take account of aspects not necessarily covered under transport safety regulations, that is, of other aspects also such as the protection of workers, consumers and the general environment, in collaboration with experts as regards these aspects, 10/

Confirming the need for the Committee of Experts on the Transport of Dangerous Goods to participate actively in relevant activities associated with the implementation of Agenda 21, and to cooperate not only with international bodies involved in activities related to the transport of dangerous goods but also with those involved in other aspects of chemical safety,

1. Notes with satisfaction that the Committee of Experts on the Transport of Dangerous Goods has taken the necessary steps to collaborate with the international bodies and international organizations concerned with the implementation of chapter 19 of Agenda 21, in particular for the purpose of

establishing and elaborating a harmonized classification and labelling system for chemicals, and to strengthen its links with the International Programme on Chemical Safety;

2. Requests the Committee of Experts on the Transport of Dangerous Goods, as a high priority in its work programme in accordance with draft resolution I of the Committee on the work of the Committee:

(a) To elaborate, by the end of 1996, as requested by the International Programme on Chemical Safety and the International Labour Organization proposals for globally harmonized criteria for the classification of explosive, flammable and reactive materials, on the basis of the newly revised "Manual of Tests and Criteria", taking account of aspects not necessarily covered under transport regulations, such as protection of workers, consumers and the general environment, in collaboration with experts from the International Labour Organization and the Programme;

(b) To continue collaboration with the International Programme on Chemical Safety for the implementation of chapter 19 of Agenda 21;

3. Requests the Secretary-General to convene, in consultation with the Director-General of the International Labour Office, meetings of experts in the classification of physical hazards during sessions of the Subcommittee of Experts on the Transport of Dangerous Goods, or in conjunction with those sessions, taking into account, on the one hand, the programme of work of the Committee and its Subcommittee and, on the other, the calendar of conferences and the availability of resources to service such meetings.

II. GENERAL ASPECTS OF THE WORK OF THE COMMITTEE

2. The transport of dangerous goods is regulated in order to prevent, as far as is possible, accidents to persons or property and damage to the means of transport employed, to other goods and to the environment. At the same time, regulations must be framed so as not to impede the movement of such goods, other than those too dangerous to be accepted for transport. With that exception, the aim of regulations is to make transport feasible by eliminating risks or reducing them to a minimum. It is a matter of safety no less than of facilitating transport.

3. The Committee of Experts on the Transport of Dangerous Goods and its Subcommittee are developing recommendations in the light of technical progress, the emergence of new substances and materials, the exigencies of modern transport systems and, above all, the requirement to ensure the safety of people, property and the environment. They cover principles of classification and the definition of classes, listing of the principal dangerous goods, packing, marking, labelling, multimodal tank transport, documentation and consignment procedures.

4. The recommendations aim at presenting a basic scheme of provisions that will allow national and international regulations governing the various modes of transport to develop within it in a uniform fashion; yet they remain flexible

enough to accommodate any special requirements that might have to be met. It is expected that Governments, intergovernmental organizations and other international organizations, when revising or developing regulations for which they are responsible, will conform to the principles laid down in these recommendations, thus contributing to world-wide harmonization in this field.

5. After 40 years, the United Nations Recommendations on the Transport of Dangerous Goods have become the acknowledged source of technical provisions and are implemented world wide. Many Governments, in different continents, have based their national legislation concerning the transport of dangerous goods on these recommendations. The recommendations are also implemented through the major instruments used for regulating the international transport of dangerous goods, such as:

(a) The International Maritime Dangerous Goods Code (IMDG Code), published by the International Maritime Organization (IMO);

(b) The Technical Instructions for the Safe Transport of Dangerous Goods by Air, published by the International Civil Aviation Organization (ICAO);

(c) The European Agreement concerning the International Carriage of Dangerous Goods by Road (ADR), published by the Economic Commission for Europe (ECE);

(d) The European Provisions concerning the International Carriage of Dangerous Goods by Inland Waterways (ADN), prepared by ECE;

(e) The Regulations concerning the International Carriage of Dangerous Goods by Rail (RID), published by the Central Office for International Carriage by Rail.

6. The Committee's role is now twofold: to adapt the recommendations to technological progress, so that they remain relevant and practical; and to respond to suggestions from the modal authorities for amending the recommendations to promote total harmonization.

7. The Committee performs those functions within a sensitive context, in which pressure is growing to control the risks to the public and the environment that are associated with dangerous substances. The Committee is sufficiently competent and well structured to make recommendations that strike a sensible balance between undue risks on the one hand, and unwarranted restrictions on trade on the other.

8. The Committee's work obviously benefits countries involved in extensive international transport of dangerous goods. Increasingly, those benefits also apply to developing countries as they build up and increase their industrial potential and find it necessary to create or further develop their legislation and technical regulations. The Committee is open to all who have an interest in and are confronted with the transport of dangerous goods.

III. WORK OF THE COMMITTEE DURING THE BIENNIUM 1993-1994

A. Meetings held during the biennium 1993-1994

9. Since the substantive session of 1993 of the Economic and Social Council, the following meetings have been held (the symbol in parentheses is that of the report of the Subcommittee or Committee concerned):

(a) Subcommittee of Experts on the Transport of Dangerous Goods: seventh session, 12-21 July 1993 (ST/SG/AC.10/C.3/14); eighth session, 22-30 November 1993 (ST/SG/AC.10/C.3/16); ninth session, 4-15 July 1994 (ST/SG/AC.10/C.3/18 and Add.1-4);

(b) Committee of Experts on the Transport of Dangerous Goods: eighteenth session, 28 November-7 December 1994 (ST/SG/AC.10/21 and Add.1-4).

10. The following 19 countries participated in the work of the Committee and of its Subcommittee as full members: 11/ Argentina; Belgium; Brazil; Canada; China; France; Germany; India; Italy; Japan; Mexico; Morocco; the Netherlands; Norway; Poland; the Russian Federation; Sweden; the United Kingdom of Great Britain and Northern Ireland; and the United States of America. The Governments of Australia, Austria, Finland, the Islamic Republic of Iran, Nigeria, Spain, Switzerland and Ukraine were represented by observers. The Commission of the European Communities, and 21 specialized agencies and intergovernmental and non-governmental organizations also participated.

11. Liaison was maintained with the international bodies or organizations responsible for individual modes of transport, in particular ECE (for inland transport in the ECE region), ICAO, IMO and the Central Office for International Carriage by Rail.

12. The Committee paid special attention to the coordination of its own activities with those of other international organizations whose activities impinge on the field of transport of dangerous goods, such as the International Labour Office, the World Health Organization (WHO) and the United Nations Environment Programme (UNEP), to ensure that their work would complement, rather than duplicate or clash with, existing agreements and instruments on the safe transport of dangerous goods.

B. Work of the Subcommittee of Experts on the Transport of Dangerous Goods

13. The Subcommittee of Experts on the Transport of Dangerous Goods meets once or twice a year, alternatively, and prepares recommendations for endorsement by the Committee. More specifically it:

(a) Recommends and defines groupings or classifications of dangerous goods on the basis of the character of risk involved, as well as criteria for classification;

(b) Lists the principal dangerous goods moving in commerce and assigns each to its proper grouping or classification;

(c) Recommends marks and labels for each group or class to identify the risk graphically and without recourse to printed text;

(d) Recommends the simplest possible requirements for transport documents covering dangerous goods and for consignment procedures in general;

(e) Recommends requirements for safe packing of various types of goods and requirements for the construction, testing and certification of packagings and intermediate bulk containers, having regard to technological developments in packing materials;

(f) Recommends requirements for the construction and operation of multimodal tank-containers.

14. During the biennium 1993-1994, the Subcommittee discussed more specifically matters concerning packing methods for explosives, transport of gases, rationalization of the "Manual of Tests and Criteria" (for classification of dangerous goods), matters related to packagings and intermediate bulk containers, routine listing and classification of dangerous goods, revision of provisions related to multimodal tank-container transport, and segregation requirements for dangerous goods.

15. The work of the Subcommittee was considered by the Committee at its eighteenth session; on the basis of that work, the Committee adopted new and revised recommendations on the transport of dangerous goods. 2/

C. Follow-up to the United Nations Conference on Environment and Development, and Agenda 21

16. In response to General Assembly resolutions 47/190 and 47/191, the Committee has taken steps to give effective follow-up to Agenda 21, adopted by the United Nations Conference on Environment and Development in June 1992, in particular to chapter 19 of Agenda 21 on the "Environmentally sound management of toxic chemicals including prevention of illegal international traffic in toxic and dangerous products". The activities of the Committee are in themselves particularly relevant to the objectives of this chapter, in the programme areas on the harmonization of classification and labelling of chemicals (see para. 13 above), on the establishment of a risk reduction programme (see para. 3 above) and on the strengthening of national capabilities and capacities for management of chemicals (see para. 4 above).

17. In accordance with the recommendations of chapter 19, the Committee has increased its cooperation with other organizations concerned with chemical safety, in particular WHO, ILO, UNEP and their IPCS, the Organisation for Economic Cooperation and Development (OECD) and the International Forum on Chemical Safety, established by the International Conference on Chemical Safety, held in Stockholm from 25 to 29 April 1994. The main area of cooperation is the development of a globally harmonized system of classification and labelling of

dangerous products, and progress has already been made as regards work on health and environmental hazards criteria.

18. As the Committee has just finalized the rationalization of its "Manual of Tests and Criteria", which contains an extensive set of test methods and criteria for the classification of dangerous goods presenting a physical hazard (flammability, explosivity, reactivity), ILO and IPCS have invited the Committee to elaborate proposals for globally harmonized criteria for the classification of such materials, on the basis of this "Manual of Tests and Criteria", which would take account of aspects not necessarily covered under transport safety regulations, that is, of other aspects also such as the protection of workers, consumers and the general environment. Therefore the Committee proposes to the Council the adoption of its draft resolution II which would extend the mandate of the Committee to deal with such questions within the meeting time normally allocated to its programme of work for a given biennium.

D. Publication of the Recommendations on the Transport of Dangerous Goods

19. As requested by the Council in Resolution 1993/50, the Secretary-General has prepared the eighth revised edition of the Recommendations on the Transport of Dangerous Goods 4/ on the basis of the new and revised recommendations adopted by the Committee at its seventeenth session (7-16 December 1992). 12/ This eighth revised edition has been published for official circulation and sale in Arabic (350 copies), Chinese (130 copies), English (7,660 copies), French (1,480 copies), Russian (250 copies) and Spanish (620 copies).

20. The eighth revised edition of the Recommendations on the Transport of Dangerous Goods is also available on electronic support (diskettes).

21. The Committee requested the secretariat to prepare a new revised edition of the Recommendations on the Transport of Dangerous Goods (ninth revised edition) on the basis of the texts adopted at its eighteenth session and to publish it in the most effective manner, without delay, for ensuring quicker implementation by all modes of transport, in all official languages of the United Nations and not later than the end of 1995.

22. The Committee also requested the secretariat to publish the revised supplement to the Recommendations, entitled "Manual of Tests and Criteria", adopted at the eighteenth session, in the most cost-effective manner not later than the end of 1995 in English and French and as soon as possible in the other official languages of the United Nations.

E. Resources

23. The additional professional post allocated to the Transport Division of ECE for the service of the Committee and the ECE Working Party on the Transport of Dangerous Goods in response to Economic and Social Council resolutions 1981/3, 1983/7, 1985/9, 1986/66, 1987/54, 1989/104 and 1991/57 has been filled, as requested in Council resolution 1993/50. The Committee, recognizing the heavy

burden of work placed on the ECE secretariat for its responsibilities in servicing the various bodies concerned with the transport of dangerous goods, expressed its gratitude for the secretariat's contribution to the Committee's success in this biennium. The Committee has recommended, in its draft resolution I, that the Council request the Secretary-General to maintain the appropriate staff resources, in particular in view of the new programme of work which includes as a high priority the global harmonization of classification criteria.

24. Bearing in mind the role of the secretariat in the implementation of the Recommendations on the Transport of Dangerous Goods through cooperation with the secretariats of those international organizations towards which the Recommendations are directed and those cooperating in the process of global harmonization of classification and labelling systems, the Committee has recommended, in its draft resolution I, operative paragraph 6, that the Council request the Secretary-General to take all necessary steps for ensuring secretariat representation of the Committee at appropriate meetings of international organizations committed to implementing the recommendations of the Committee or involved in the process of global harmonization of classification and labelling systems for chemicals.

F. Future work

25. The Committee agreed on the programme of work for its subsidiary body during 1993-1994 in the following areas:

(a) Global harmonization of classification criteria;

(b) Reformatting the Recommendations on the Transport of Dangerous Goods into a model regulation;

(c) Review of the recommendations on the transport of dangerous goods in multimodal portable tanks;

(d) New or revised recommendations on the transport of dangerous goods.

26. Items 25 (b), (c) and (d) above normally fall within the mandate of the Committee and its Subcommittee, as described in paragraph 13. Attention is drawn, however, to item (b). The purpose of this work is to present the Recommendations on the Transport of Dangerous Goods in the new, user-friendly form of a model regulation, annexed to a basic recommendation, that could be directly integrated into all modal national and international regulations concerning the transport of dangerous goods; this would enhance harmonization of national and international regulations, facilitate regular updating of all instruments concerned and result in overall considerable resource savings for Governments of the member States, the United Nations, the specialized agencies and other international organizations concerned. This work would have to be done in close cooperation with all bodies concerned with modal aspects of the transport of dangerous goods, especially those such as ECE, that are currently in the process of restructuring their regulations.

27. Item (a) has been included in the programme of work as a matter of priority within the context of the implementation of Agenda 21. The Committee of Experts on the Transport of Dangerous Goods has been successful, for more than 40 years, in establishing and maintaining a system of classification and labelling of dangerous products. The global world-wide implementation of this system for all modes of transport currently contributes to transport safety and facilitation of trade. However, this system is not necessarily harmonized with other regulatory systems applicable at the national or the international level for the protection of workers, users and the environment.

28. The Committee is already cooperating with international bodies concerned with criteria for health hazards and hazards to the environment. Because of its experience with physical hazards and the rationalization of its "Manual of Tests and Criteria", the Committee was invited by ILO and IPCS to develop proposals in that field (see para. 18). The Committee accepted the request from ILO and IPCS, but as the development of such proposals would imply work in fields falling outside the usual scope of its mandate, the Committee recommends to the Council the adoption of its draft resolution II.

29. This additional work would be done at the working group level during sessions of the Committee and its Subcommittee without additional financial implications.

G. Calendar of meetings for the biennium 1995-1996

30. The Committee proposed that its nineteenth session be held from 2 to 13 December 1996. The Subcommittee of Experts on the Transport of Dangerous Goods should meet three times: from 10 to 21 July 1995, from 4 to 15 December 1995 and from 1 to 12 July 1996.

H. Draft resolutions on the work of the Committee

31. The Committee approved two draft resolutions (see sect. I) entitled "Work of the Committee of Experts on the Transport of Dangerous Goods" (draft resolution I) and "Role of the Committee of Experts on the Transport of Dangerous Goods in the development of a harmonized system of classification and labelling of chemicals for implementing chapter 19 of Agenda 21" (draft resolution II) for recommendation for adoption by the Economic and Social Council.

Notes

1/ E/1995/56.

2/ ST/SG/AC.10/21/Add.1-3.

3/ ST/SG/AC.10/11/Rev.2.

4/ United Nations publication, Sales No. E.93.VIII.1.

5/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

6/ Official Records of the Economic and Social Council, 1994, Supplement No. 13 (E/1994/33/Rev.1), chap. I, para. 161, and sect. E, annex.

7/ Ibid., chap. I, sect. E, annex, programme area B, para. 1.

8/ Ibid., chap. I, para. 159.

9/ Official Records of the Economic and Social Council, 1994, Supplement No. 13 (E/1994/33/Rev.1).

10/ ST/SG/AC.10/C.3/R.559.

11/ Argentina, Belgium, Brazil, Mexico and Morocco became full members of the Committee pursuant to Economic and Social Council decision 1994/222 of 19 and 20 April 1994.

12/ See ST/SG/AC.10/19 and Add.1-6.

UNITED NATIONS **A E**

General Assembly
Economic and Social Council

Distr.
GENERAL

A/50/175
E/1995/57
16 May 1995

ORIGINAL: ENGLISH

GENERAL ASSEMBLY
Fiftieth session
Item 12 of the preliminary list*
REPORT OF THE ECONOMIC AND SOCIAL COUNCIL

ECONOMIC AND SOCIAL COUNCIL
Substantive session of 1995
Item 6 (l) of the provisional agenda**
ECONOMIC AND ENVIRONMENTAL QUESTIONS: REPORTS OF SUBSIDIARY BODIES, CONFERENCES AND RELATED QUESTIONS: PREVENTION AND CONTROL OF ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

Progress in the implementation of the global AIDS strategy

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly and to the Economic and Social Council, pursuant to Assembly resolution 47/40 of 1 December 1992 and Council resolution 1993/51, the report of the Director-General of the World Health Organization (WHO) on the progress made in the implementation of the global AIDS strategy.

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* A/50/50.

** E/1995/100.

95-14693 (E) 020695 050695

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I. GLOBAL AIDS SITUATION

1. The cumulative number of AIDS cases reported to the WHO Global Programme on AIDS through the WHO regional offices and WHO collaborating centres on AIDS, as of 31 December 1994 was 1,025,073 from 192 countries. However, the actual total at the end of 1994 was estimated to be over 4.5 million. Reasons for the discrepancy include less-than-complete diagnosis and reporting to public health authorities, as well as delays in reporting.

2. WHO estimates that 19.5 million men, women and children had been infected with the human immunodeficiency virus (HIV) worldwide by the end of 1994. Two thirds or more of all HIV infections to date have been the result of heterosexual transmission, and this proportion will increase to 75 per cent or 80 per cent by the year 2000. By the end of 1994, about half of all HIV infections in the world had been acquired in adolescence and young adulthood.

3. Approximately one out of three children born to an HIV-infected woman is HIV-infected and dies of AIDS, usually by the age of five years; the remainder eventually become orphans when their mothers or both parents die of AIDS. By the end of 1994, about 1.5 million infected children had been born to HIV-infected women, and over half of them had developed AIDS. Most of these children are in sub-Saharan Africa.

4. Conservatively, WHO projects that by the year 2000 a world total of at least 30 to 40 million men, women and children will have been infected with HIV since the start of the pandemic. Even as a conservative estimate, this represents double the present total. If these estimates are accurate, by the end of the 1990s, nearly 10 million AIDS-related deaths may be expected.

II. ACTIVITIES CARRIED OUT IN 1993-1994 BY THE WHO GLOBAL PROGRAMME ON AIDS

A. Technical cooperation

1. Coordination and monitoring of national programme support

5. During 1993-1994, technical cooperation provided to national AIDS programmes was closely monitored to ensure that it responded to priority needs identified by countries, whose activities continued to involve an increasing number of participating sectors, funders and implementers. The Programme's computerized database containing "country profiles" initiated in 1993 was further developed to meet the needs of users - national programmes, donors and staff at headquarters and in regional offices - and now includes information from WHO and other sources on demographic, socio-economic and epidemiological trends, sexually transmitted diseases (STDs), condom programming and blood transfusion services, among others. The following are some examples of activities in the different WHO regions.

Africa

6. Despite the distribution of information and educational materials for AIDS prevention and care, behaviour change remains a challenge for national AIDS programmes in the region. Nevertheless, there has been a dramatic rise in the number of condoms sold or distributed over the past five years. Some countries made special efforts during the year to assess the safety of blood transfusion in health-care settings with a view to developing a national policy. Sentinel surveillance activities are being implemented as planned in many countries, but in some they are hampered by a lack of resources to purchase HIV test kits or maintain equipment. Community mobilization continued to receive attention at the national and district levels with the active participation of the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the World Health Organization (WHO), many non-governmental organizations (NGOs) and other partners. World AIDS Day activities and consensus workshops for the preparation of updated medium-term plans were often presided over by heads of State or ministers of health. The number of women's organizations and associations becoming involved in AIDS work is growing rapidly, and more external resources are required for their support. Several models of community-based home care now exist that aim to provide a continuum of care for AIDS patients and their families.

The Americas

7. During 1993, second-cycle medium-term plans were completed for Chile, Ecuador and Uruguay, initiated in Bolivia, Colombia, Paraguay, Peru and Venezuela and revised in five Caribbean countries. During 1994, protocols for HIV sentinel surveillance were prepared and implemented for the first time in Argentina, Bolivia, Chile, Paraguay, Peru and Uruguay. An external review was carried out in Mexico; and Cuba prepared a draft of its first medium-term plan. Training activities included two programme management courses (Antigua and Barbuda in June 1994 in English; and Uruguay in November 1994 in Spanish); a workshop on applied epidemiology and strategic planning for Central American and Andean countries in March 1993 in Honduras; workshops for blood safety and quality assurance (Brazil, Chile and Uruguay, 1993); a workshop on surveillance (Chile, October 1994); a condom promotion and logistics workshop (Costa Rica, November 1994); and a course on home-based care for HIV-infected children (Bahamas, June 1994). Protocols to determine the effectiveness of syndromic STD clinical management were developed in Brazil and Peru; and Honduras and Suriname will submit similar protocols shortly.

South-East Asia

8. In 1993, support was given to Bhutan, Indonesia, Mongolia, Myanmar and Sri Lanka to carry out external programme reviews and initiate the process of formulating their second medium-term plans. The Programme continued to emphasize HIV prevention and care and the improvement of AIDS programme planning and management, providing technical support in various fields to all countries of the region. Guidelines for national programme managers on HIV sentinel surveillance were prepared and a training manual on counselling was finalized and distributed to all countries of the region following field-testing in India and Nepal. Intercountry training activities were conducted on programme

management (Thailand, April 1994); HIV prevention indicators (India, July 1994); and condom marketing (Nepal, November 1994). A consultation was organized to develop an information, education and communication strategy for AIDS prevention (India, March 1994).

Europe

9. In order to support the countries of Central and Eastern Europe in the mobilization of national and international resources, a meeting of ministers of health and of finance on investment in health was held in Latvia in April 1993. The major outcomes were the Riga statement and the introduction of the Riga initiative. In 1994 country workplans for HIV/AIDS activities were agreed with 26 member States in Central and Eastern Europe. Assessment visits were carried out in Armenia, Belarus, the Czech Republic, Kazakstan, Kyrgyzstan, the Republic of Moldova, Turkmenistan and Uzbekistan. The trend is towards giving more emphasis to health promotion and ensuring the participation of NGOs in programme implementation. A Russian version of the WHO Global Programme on AIDS management course was produced and used to train staff from Belarus, the Republic of Moldova, the Russian Federation and Ukraine.

Eastern Mediterranean

10. During 1993-1994, health promotion activities continued to receive the highest priority, particularly for the prevention of sexual transmission of HIV. Technical support was provided to national AIDS programmes in the areas of health education, clinical management of HIV/AIDS, planning and evaluation and STD control. Iraq, Lebanon and the Libyan Arab Jamahiriya drew up their first medium-term plans, and second medium-term plans were prepared by Cyprus, Djibouti, Egypt, Jordan, Morocco, Pakistan, the Sudan, the Syrian Arab Republic and Tunisia. External reviews were carried out in Cyprus, the Islamic Republic of Iran, Jordan, Morocco, Pakistan and the Syrian Arab Republic. Intercountry and regional training activities were conducted on the following subjects: epidemiological surveillance (Egypt, April 1993); programme management (Cyprus, April 1994); management of HIV/AIDS and care of persons with HIV (Tunisia, September 1994); and the role of media in AIDS prevention (Egypt and Pakistan, November 1994). Other activities included a regional meeting on the role of women in AIDS prevention and control (Egypt, May 1994) and a meeting of directors of national AIDS reference laboratories (Egypt, November 1994).

Western Pacific

11. During 1993-1994, the national AIDS plans of China, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, Marshall Islands, Papua New Guinea, the Philippines, Samoa, Tonga, Vanuatu, Viet Nam and the territories of French Polynesia and New Caledonia were reviewed, and China formulated its second medium-term plan. Three workshops were held on the improvement of counselling skills (Cambodia, February 1993; Viet Nam, August 1993; and Guam, October 1993). A regional workshop on condom logistics (Manila, February 1994) emphasized the importance of condom quality and the continuity of supply. Two meetings of national AIDS programme managers were held during the year (Guam, March 1994; Manila, August-September 1994). Viet Nam and Papua New Guinea introduced HIV/AIDS into the curriculum of secondary schools as part of health

education or science subjects. In the Philippines the secondary school curriculum was revised to include HIV/AIDS. STD prevalence studies were conducted in Fiji and the Philippines. Technical support was provided to Cambodia on STD case management.

2. Planning, management and training

12. One of the major achievements during 1993 was the field-testing and finalization of the programme management training course, which provides a comprehensive approach for the development of national AIDS programmes. During 1994, 30 facilitators for the course were trained in 4 courses; they in turn helped to train participants from 80 countries in 7 intercountry courses and 2 national courses (Botswana, Kenya). Translations of the 12-module course were completed in Chinese, French, Russian and Spanish. Arrangements were made for field-testing of the first training modules for strengthening district-level management of AIDS prevention, care and support activities in one country of Africa during the fourth quarter of the year. The first course for training trainers on safe blood and blood products, using distance-learning materials, was held in Zimbabwe in October.

13. The procedures for national AIDS programme reviews and medium-term planning were updated to reflect the changed environment facing national programmes. External programme reviews were carried out in 55 countries during the biennium 1993-1994. Of the 129 countries and Territories that had prepared an initial medium-term plan, 70 have used a consensus-building approach to formulate a multisectoral strategic plan.

14. Support was provided to strengthen the managerial and technical skills of national networks of NGOs in India, Kenya, Malaysia, the Philippines and Zimbabwe. A list of essential AIDS information resources was prepared and distributed in English, French and Spanish in collaboration with the Appropriate Health Resources and Technologies Action Group (AHRTAG), United Kingdom. A workshop for training trainers in NGO management and project development was conducted in Bratislava in November 1994.

3. Prevention

15. A meeting to examine broader, policy-oriented approaches that attempt to alter the social or physical environment or circumstances in which risk-taking occurs was convened in September 1993. Case studies from 12 countries with diverse risk situations were analysed and a research agenda drawn up to evaluate such approaches further.

16. A guide on designing and conducting interventions for young people not attending school will be completed by mid-1995. A supplement on youth peer education was published in August 1994 in the AHRTAG newsletter AIDS action, and plans for the expansion of peer education interventions in Ghana and Jamaica are under way. A workshop to promote greater involvement of the private sector was held in Uganda (December 1994). In collaboration with an international insurance company, a series of national workshops were organized in Hong Kong,

Indonesia and Malaysia to encourage the private sector to play a more active role in AIDS prevention and care. In April the technical content and format of the WHO specifications and guidelines for condom procurement were revised. A set of condom programming materials for national managers, including manuals on rapid assessment, promotion and logistics, was finalized and will be available in 1995. A study was conducted to project future condom needs, as part of an overall contraceptive needs study. Global requirements for STD and HIV/AIDS prevention through the year 2005 were estimated to be as high as 20,000 million condoms, costing some US$ 1,200 million.

4. Health care and support

17. Guidelines for the clinical management of HIV infection in adults 1/ were field-tested in national consensus workshops in Barbados, Burundi and Thailand. Based on the result of the field-test, a guide for facilitators of these workshops was prepared, which outlines the methodology for adapting these guidelines to country needs. A similar document, entitled "Guidelines for the clinical management of HIV infection in children" has been finalized. 2/ The AIDS home care handbook was finalized 3/ and the booklet Living with AIDS in the community was revised. 4/ Both are intended to assist district health-care workers in providing HIV/AIDS care, in teaching persons with AIDS and their family members to cope at home, and in encouraging communities to help those infected with and affected by HIV to adopt a positive approach to life.

18. An expert consultation on care held in September re-emphasized the rationale for giving access to comprehensive care, including clinical, nursing, counselling and social support in a continuum from home to hospital, and stressed the close link between such care and prevention. The report of an evaluation of medical, counselling and social services rendered by The AIDS Support Organisation (TASO), Uganda, will help NGOs and Governments to learn from a success story and a participatory approach to evaluation.

19. A handbook on integrating comprehensive AIDS care into district health services was prepared for Ghana and district planning of care is under way in Thailand and Uganda. The development of clinical guidelines was completed with the printing of a French version of the WHO Global Programme on AIDS paediatric guidelines. Additional material to facilitate adaptation of the clinical guidelines to country needs was produced, including a short guide on adapting flow-charts; a clinical slide set for teaching purposes; and a paper on selecting commonly used drugs in HIV/AIDS care. Guidelines for policy makers, programme managers and service providers on appropriate infant feeding modes in the light of the HIV epidemic were finalized and will be available in 1995.

20. Technical support was provided to India on the training of trainers in care and counselling for all States, including an evaluation of methodology at state and district level. Operational studies are in progress in Kenya on the feasibility of integrating HIV/AIDS care into the existing urban governmental and non-governmental health systems, and in India on the training of hospital personnel and community volunteers to provide care at the appropriate level and refer patients when necessary.

5. Surveillance, evaluation and forecasting

21. By the end of 1994, sentinel HIV surveillance had been implemented in 80 developing countries, 17 of which now have extensive systems in place. Trainers from all WHO regions attended a course on surveillance data management (United States of America, June) organized with financial support from the World AIDS Foundation. To assist national AIDS programmes, a methods package for the evaluation of preventive activities was finalized, and training workshops in its use will be conducted in all regions. In addition, protocols were developed for measuring indicators related to discriminatory practices and care for HIV/AIDS patients in health facilities, and they will be field-tested in two countries.

22. Collaboration began with the London School of Hygiene and Tropical Medicine to develop techniques for estimating the cost-effectiveness of six HIV prevention strategies relating to mass media communication, social marketing of condoms, blood safety, school health education, STD services and sex worker projects. Costing guidelines for each strategy have been prepared. Techniques to estimate effectiveness, now being designed, will be field-tested next year.

23. HIV/AIDS forecasting research has focused on achieving a better understanding of the changing patterns of HIV incidence in diverse epidemics. Through collaborative investigations with national AIDS programmes, HIV/AIDS case data from Rwanda, Uganda, the United Republic of Tanzania and Zambia have been analysed. The resulting epidemiological model of HIV incidence suggests a dramatic shift of new infections to younger populations in these countries and provides insight into the dynamics of endemicity. A computer-based programme management information system was field-tested in Namibia and Uganda.

B. Research and intervention development

1. Clinical research and product development

24. An inter-agency working group on the development of vaginal microbicides, established in collaboration with the Special Programme of Research, Development and Research Training in Human Reproduction, established prototype protocols for safety and efficacy testing of such products. A safety study of a vaginal microbicide containing a low dose of the spermicide nonoxynol-9 was successfully completed in several European countries and Thailand, paving the way for a study in Asia and Africa on its efficacy in preventing sexual transmission of HIV and other STDs. A comparative trial of the user-effectiveness of two strategies using male and female condoms to prevent gonorrhoea, chlamydial infection, vaginal trichomoniasis and genital ulcer diseases among sex workers began in Thailand.

25. A meeting to discuss prevention of mother-to-infant transmission of HIV by use of antiretrovirals was convened in June; protocols were prepared for research on short-term peripartum antiretroviral interventions that are feasible, affordable and sustainable in developing countries and the studies will be initiated shortly. An inter-agency working group on the prevention of mother-to-infant transmission of HIV was established to ensure suitability and complementarity of worldwide research efforts in this field.

26. Research on the prevention of tuberculosis continued in Thailand and Zambia, and studies on cost-effective maintenance treatment were started in Uganda for oropharyngeal candidiasis and in Thailand for Penicillium marneffei infections. Protocols on cost-effective prophylaxis of multiple opportunistic infections were developed.

27. A meeting on implications of the newly identified HIV-1 subtype O viruses for HIV diagnosis was convened in June. An inter-agency working group has been established to expedite and coordinate global surveillance and characterization of newly recognized HIV subtypes and to facilitate timely adaptation of HIV antibody tests. Evaluations of such tests in oral fluid (saliva) in Burundi and Rwanda were successfully completed. Field assessments of WHO testing strategies were started in Argentina, Mexico and Uruguay. Field assessments of alternative simple methodologies for CD4+ lymphocyte determinations were initiated in Brazil, Thailand, the United Republic of Tanzania and Venezuela.

2. Vaccine development

28. Field sites for future HIV vaccine efficacy trials are being strengthened in Brazil, Thailand and Uganda. For the purpose of the trials, studies on eight cohorts of HIV-negative volunteers are being supported (three in Brazil and Uganda, and two in Thailand) to obtain accurate HIV incidence rates reflecting the protective effect of current non-vaccine interventions (i.e. counselling, education, promotion of condoms, STD treatment) and to determine the feasibility of compiling information on recruitment and follow-up. Protocols were prepared for repeat phase II trials of two HIV candidate vaccines that have already been tested in their country of origin. Two such trials to be conducted in Thailand were endorsed by the WHO Global Programme on AIDS Steering Committee on Vaccine Development. A meeting in October 1994 examined the scientific and public health rationales for the conduct of efficacy trials of HIV vaccines, especially in developing countries, and concluded that they could be undertaken with the presently available envelope-based candidate vaccines, provided strict scientific and ethical standards are respected.

29. The WHO network for HIV isolation and characterization completed a pilot study to characterize HIV-1 isolates from WHO-sponsored vaccine evaluation sites. A rapid and reliable method for virus genotyping was validated (heteroduplex mobility assay) and is now being used, in conjunction with V3 peptide serology, in more extensive molecular epidemiology studies at the sites. HIV-1 subtypes have different geographical distributions, and subtype C strains were identified for the first time in South America. Complete and functional molecular clones from different HIV-1 genetic subtypes were obtained and are being made available to researchers and the pharmaceutical industry, to stimulate the development of candidate HIV-1 vaccines.

3. Social and behavioural studies and support

30. On the advice of the WHO Global Programme on AIDS Steering Committee on Social and Behavioural Research, research proposals were supported in the following areas: contextual factors affecting risk-related sexual behaviour

among young people; household and community responses to HIV and AIDS; and gender relations in the area of sexual negotiation. Studies were funded in 16 developing countries.

31. A report on sexual behaviour and knowledge about AIDS in the developing world, detailing findings from studies supported by WHO in 15 countries, was completed and will shortly be published.

32. A generic research protocol for studies of the determinants of HIV/AIDS-related discrimination, stigmatization and denial is being finalized, and assessment visits to identify institutions to carry out the study have so far been conducted in nine countries.

4. Prevention research

33. Research continued to focus on assessing the effectiveness of various HIV prevention approaches for populations most vulnerable to HIV infection, in particular, socially marginalized populations. Situation assessments to help to design and plan interventions were conducted in Malaysia (focusing on risk reduction among homosexually active men) and India (focusing on injecting drug users) and are under way in Papua New Guinea (focusing on new sex-work settings).

34. Intervention-linked prevention research was undertaken at several sites. For example, studies are under way in Mexico to determine the effectiveness of condom promotion in migrant sex worker and client populations; in India to assess the feasibility and effectiveness of outreach measures among injecting drug users; and in Uganda, where the additional benefit of STD treatment is being compared with the effect of educational approaches alone. Research began in Zambia to assess the feasibility and impact of economic interventions as a means of minimizing the HIV transmission risk to women traders who are sexually exploited in the course of their work.

35. Preparations are being made for a collaborative multicentre study on the effectiveness of voluntary counselling and testing as a prevention strategy. This study, the first randomized controlled trial to be undertaken on this subject, will take place in conjunction with AIDSCAP, the AIDS control and prevention project.

C. Women and AIDS

36. The United Nations Development Programme (UNDP) and WHO, in consultation with the United Nations Division for the Advancement of Women, prepared a position paper on women and AIDS, reflecting concerns throughout the United Nations system; and it was used at regional conferences organized during 1994 by the five regional commissions in preparation for the 1995 Fourth World Conference on Women in Beijing. Further input to the Beijing conference included a consultation in February 1995 that brought together politicians and senior policy makers on gender issues and AIDS and produced recommendations for transmission to the Commission on the Status of Women, the body responsible for

preparing for the conference. A "resource package" containing practical tools for making AIDS prevention programmes more "gender-sensitive" is being prepared for distribution at the Beijing conference. A paper was written on the epidemiology of biological, behavioural, sociodemographic and sociocultural gender-related risk factors for HIV/AIDS.

D. Sexually transmitted diseases

37. In January 1994, WHO assumed responsibility for providing the secretariat of the Sexually Transmitted Diseases Diagnostic Initiative (SDI) - a group of agencies, laboratory and public health experts and participating centres which, through a directed programme of research, seeks to design and make available rapid diagnostic tests that can be used at first-line health facilities in developing countries. An information meeting, attended by 32 companies interested in such tests, was held in September; and follow-up research and development activities were initiated.

38. A database for estimating the global annual incidence of STDs was assembled for use by national AIDS programmes, donors, academic institutes, foundations and others. In addition, guidelines were developed on assessing the extent of STDs and the delivery of prevention and control services, and on establishing a surveillance system to monitor future trends and anticipated need for services. Information on policies, features of STD services (e.g. vertical or horizontal, primary or secondary) and existing laws related to STD control programmes in individual countries was analysed and a report is in preparation.

39. Flow-charts for case management of the most common syndromes of sexually transmitted diseases were designed in 1993 and are being evaluated in Ghana, India, Jamaica and Sri Lanka. A training module on syndromic case management was developed and field-tested in November. Operational research studies were initiated in Thailand and Viet Nam on the feasibility of integrating HIV/STD services into maternal and child health (MCH)/family planning programmes. Assistance was also given in the formulation by the Special Programme of Research, Development and Research Training in Human Reproduction of a proposal to analyse reproductive health needs and conduct appropriate research within WHO.

E. Avoidance of discrimination/promotion of human rights

40. WHO's policy of withholding sponsorship of international AIDS conferences in countries that place short-term travel restrictions on HIV-infected people and people with AIDS was approved by the Administrative Committee on Coordination (ACC) in October 1993 for application throughout the United Nations system. According to this policy, WHO and other organizations of the United Nations system will not sponsor, co-sponsor or financially support international conferences or meetings on AIDS in countries that have entry requirements that discriminate solely on the basis of a person's HIV status. WHO guidelines on HIV infection and AIDS in prisons, 5/ issued in March 1993, provide standards - from a public health perspective - which prison authorities should strive to achieve in their efforts to prevent HIV transmission and to provide care to

those affected by HIV/AIDS. In early 1993 the Programme issued a statement, emanating from a consultation (November 1992), urging that mandatory testing and other testing without informed consent should not be used in AIDS control programmes, and indicating the advantages of voluntary testing and counselling. A document setting out the public health rationale against mandatory testing aimed at the general public was prepared and issued in 1994.

41. During 1994, the Programme continued to assess national AIDS programmes on the basis of medium-term plans and reports of external reviews, to ensure their adherence to human rights principles and to provide technical advice where necessary. At the request of three Governments, comments were provided on draft HIV/AIDS legislation. During the year the WHO Global Programme on Aids country-specific human rights database was modified to improve the Programme's follow-up capacity. A meeting of experts working in the fields of HIV/AIDS, human rights, public health and the movement of populations was held in October 1994 as part of the development of a WHO policy on long-term travel restrictions imposed on people living with HIV/AIDS.

F. Collaboration with non-governmental organizations

42. The Programme's promotion and support of NGOs during the period 1989-1992 was assessed in 1993. The assessment demonstrated that considerable support had been provided to NGOs and confirmed the need for the Programme to continue and expand such work in the following areas: advocacy for participation of those organizations in the development of government policies and programmes; support to international, regional and national networks of NGOs in order to increase their knowledge and skills relating to HIV/AIDS; and encouragement of greater coordination among NGOs, and between them and national AIDS programmes in carrying out activities. Ways in which the Programme and NGOs could work together more effectively were explored through a consultative process.

43. During 1994 the Programme continued to consult a variety of NGOs, community-based organizations and groups representing people living with HIV/AIDS, in order to determine ways of working with them more effectively and also to produce guidelines on how to improve their collaboration with national AIDS programmes. Support was provided to major networks of NGOs actively concerned with HIV/AIDS, and consultations were held with religious and other networks not yet active in order to stimulate their involvement. The role of NGOs as partners in policy and programme development at global and national levels was supported in a variety of ways. Activities to support community responses focused on collaboration and partnership-building between Governments and NGOs and also amongst such organizations, as well as capacity-building within the non-governmental sector.

G. Advocacy

44. During 1994, the Programme continued to focus the world's attention on HIV/AIDS in order to combat complacency and denial of the problem. Further to the Dakar declaration on the AIDS epidemic in Africa adopted by the heads of State and Government of the Organization of African Unity (OAU) in 1992, 6/ at

its thirtieth session in June 1994, the Heads of State and Government of OAU adopted a declaration on AIDS and the Child in Africa, 7/ based on a background document prepared by WHO and reviewed by the OAU ministers of health. Other international and regional meetings where WHO took the opportunity to advocate a stronger response to the pandemic included the Kuwait fourth international conference on AIDS (March); a meeting on the role of women in AIDS prevention and control in the Eastern Mediterranean (Egypt, May); the Economic Commission for Africa panel on HIV/AIDS in Africa (Ethiopia, June); and the tenth international AIDS conference (Japan, August). In addition several missions were fielded at a high level in order to promote greater political commitment by individual Governments to national AIDS control efforts.

45. At the Paris AIDS Summit, jointly convened by the Government of France and WHO on 1 December 1994, a declaration was signed by all heads of Government or their representatives attending for the 42 invited countries. In its resolution EB95.R14, the Executive Board welcomed the declaration and the seven initiatives spelled out therein and requested the Director-General, within the framework of the joint and co-sponsored United Nations programme on HIV/AIDS, and in close cooperation with its Executive Director, to contribute to their implementation.

46. Public information continued to play a significant role in advocacy. Emphasis was placed on stimulating media coverage of key messages about HIV/AIDS and providing information to policy makers and the general public. During 1994, 15 press releases were distributed, video news footage was prepared for the Tenth International Conference on AIDS and, in cooperation with UNDP, two short video features were distributed to more than 180 countries and broadcast worldwide by satellite. Media strategies were developed for several major events, including the international AIDS conference and the Paris AIDS summit. By the end of 1994 the Programme's quarterly newsletter, Global AIDSnews, was being distributed in 36,000 copies per issue - 28,500 in English, 5,750 in French and 2,000 in Arabic. In addition, the People's Medical Publishing House of Beijing translated each 1993 issue and distributed 2,000 copies to addresses in China.

47. Reflecting the fact that 1994 was the International Year of the Family, the theme chosen for the seventh World AIDS Day on 1 December was "AIDS and the family". After consulting non-governmental and United Nations system organizations, and incorporating contributions from these sources, three World AIDS Day newsletters were published focusing on the effect of AIDS on families and the role they can play in AIDS prevention and care, together with a small colour poster bearing the slogan "Families take care". Comprehensive resource packs of relevant documents were dispatched to all national AIDS programmes.

H. Activities carried out in 1993-1994 in collaboration with other organizations and specialized agencies of the United Nations system

48. The Inter-Agency Advisory Group on AIDS, for which WHO serves as secretariat, met twice during the year (Geneva, April; New York, November). The existing 15 United Nations system programmes and organizations which are members welcomed a request for membership from the United Nations International Drug

Control Programme. Among the items considered at the meetings were the preparation of a joint position paper on women and AIDS for the Fourth World Conference on Women; the development by WHO, in consultation with the United Nations Medical Service and the Department of Peace-Keeping Operations of the United Nations Secretariat, of health education materials related to the prevention of HIV infection among peace-keeping forces; and the production by the Office of the United Nations High Commissioner for Refugees (UNHCR) and WHO of a minimum package for HIV/AIDS prevention and care in emergency situations.

49. In July 1994 the Economic and Social Council endorsed the creation of a joint and co-sponsored United Nations programme on HIV/AIDS and called on the six co-sponsors (UNDP, UNICEF, the United Nations Population Fund (UNFPA), the United Nations Educational, Scientific and Cultural Organization (UNESCO), WHO and the World Bank) to work together to prepare a detailed proposal for submission to the Council.

50. In December 1994 the Committee of Cosponsoring Organizations met for the second time and unanimously recommended Dr. Peter Piot as Executive Director of the programme for a period of two years starting on 1 January 1995, from which time he was to oversee the work of the transition team, including the preparation of the detailed proposal requested by the Council.

51. At the 1994 session of the United Nations Subcommission on Prevention of Discrimination and Protection of Minorities, WHO provided technical advice on the drafting of a resolution on HIV/AIDS and non-discrimination, and organized a briefing on HIV/AIDS and human rights. Briefing sessions were also organized for the United Nations Committee on the Rights of the Child, and the United Nations Committee on Economic, Social and Cultural Rights. At a meeting organized by the International Labour Organization (ILO) in October 1994 on population and development, the Programme provided technical input on the subjects of family planning, mobility of populations and the socio-economic impact of AIDS, including human rights issues.

52. A project on the control of maternal and congenital syphilis in Lusaka Province, Zambia, launched by UNICEF with technical assistance from WHO, was reviewed and a decision made to extend it to other provinces in 1995. Joint WHO/UNICEF intervention guidelines for the control of maternal and congenital syphilis are to be published in 1995. WHO also participated in meetings of UNICEF's five technical support groups for HIV/AIDS in the following areas: mass communication and community mobilization; sexual and reproductive health promotion; family and community care; school-based interventions; and youth and health development promotion. The aim of each group is to provide technical advice and some financial support for pilot activities in selected countries. WHO staff were designated as members of each of the groups.

53. The UNDP/WHO Joint Consultative Group, established for the UNDP regional project on strengthening multisectoral and community responses to the HIV epidemic in Asia and the Pacific, met twice during the year (New Delhi, April; Viet Nam, December) with the participation of WHO headquarters and the three regional offices concerned. WHO also provided technical input to the project in respect of legal and economic networking and NGOs. Following an evaluation of the UNDP regional project on confronting the socio-economic impact of HIV/AIDS

in sub-Saharan Africa, WHO participated with other United Nations bodies in drafting a new project document including activities such as training and support to legal networks.

54. WHO provided technical assistance to the World Bank in country assessment missions for STD programme development and support in four countries. The two organizations collaborated closely in the formulation of a World Bank-financed regional HIV/AIDS project for South-East Asia, which will serve Cambodia, the Lao People's Democratic Republic, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, particularly in promoting regional policy analysis and dialogue and supporting the implementation of priority strategies and multisectoral initiatives. The World Bank and WHO are also developing a regional initiative for West African countries, focusing on intervention projects related to migration.

55. During the year, in collaboration with UNESCO, a resource package on the design of school AIDS education for use by curriculum planners, teachers and students (12-16 years) was published, and the final evaluation report of WHO/UNESCO pilot projects on school AIDS education (1988-1993) was issued.

III. ACTIVITIES CARRIED OUT IN 1993-1994 BY ORGANIZATIONS AND SPECIALIZED AGENCIES OF THE UNITED NATIONS SYSTEM

A. Centre for Human Rights of the United Nations Secretariat

56. In the field of HIV/AIDS, the efforts of the Centre for Human Rights of the United Nations Secretariat are essentially focused on the human rights aspect of the issue. HIV/AIDS-related discrimination is a contravention of the fundamental principle of non-discrimination, as reaffirmed most recently in the Vienna Declaration and Programme of Action. 8/ The challenges presented by HIV/AIDS require renewed efforts to ensure universal respect for and observance of human rights and fundamental freedoms for all. The Centre for Human Rights' Legislation and Prevention of Discrimination Branch, at the level of the Commission on Human Rights and the Subcommission on Prevention of Discrimination and Protection of Minorities, has been active in the implementation of the following resolutions in 1993 and 1994.

57. In 1993, the Commission adopted resolution 1993/53, which took note of the progress reports of the Subcommission's Special Rapporteur on HIV/AIDS-related discrimination. At its fiftieth session in 1994, the Commission adopted resolution 1994/49, in which it requested the Secretary-General to prepare for the consideration of the Commission at its next session a report on international and domestic measures taken to protect human rights and prevent discrimination in the context of HIV/AIDS and make appropriate recommendations thereon. 9/

58. The Special Rapporteur on discrimination against HIV-infected people or people with AIDS submitted his conclusions and recommendations 10/ in August 1993 to the Subcommission on Prevention of Discrimination and Protection of Minorities.

59. In August 1994, the Subcommission adopted resolution 1994/29 requesting the Commission on Human Rights to approve the organization by the Centre for Human Rights of a second international expert consultation on human rights and AIDS, with particular emphasis on the prevention of AIDS-related discrimination and stigma. In its resolution 1995/44 of March 1995, the Commission requested the High Commissioner for Human Rights to reflect on the possibility of organizing such an expert consultation.

B. United Nations Children's Fund

60. In many parts of the world, HIV, the causative agent for AIDS, is becoming a leading cause of child mortality, morbidity and suffering, a leading cause of death among young people, as well as a major threat to social and economic development. Of the 15 million people that WHO estimates to be infected with the virus, nearly half are young people under the age of 30 and mostly and increasingly women of reproductive age. Children are affected by the pandemic in many ways: directly, through transmission of the virus from mother to child, or indirectly through the impact of HIV/AIDS on the family, the community and the stretching of scarce national resources allocated to child survival and development. WHO estimates that as of late 1993 about 1 million children had been born with HIV, most of whom will die before their fifth birthday, and 2.5 million others had lost one or both parents as a result of AIDS. As many as 5 to 10 million will be orphaned by the end of this century, with 90 per cent of these children being in Africa.

61. Currently, over 80 per cent of new HIV infections occur in the developing world. While the problem has been most striking in sub-Saharan Africa, it is emerging everywhere in the developing world and requires urgent attention. In contrast, only about 5 per cent of global resources for AIDS prevention and care are spent in developing countries. During 1993-1994, approximately 60 per cent of these resources were programmed on a multilateral basis, largely through the WHO Global Programme on AIDS. UNICEF has substantially increased its involvement in HIV/AIDS prevention and care, mostly through reallocation of resources within country programmes.

62. The WHO Global Programme on AIDS has provided technical and other leadership within the United Nations system in response to the HIV/AIDS pandemic and has worked closely with other United Nations agencies to incorporate HIV/AIDS prevention and care activities into their programmes of assistance. While great progress has been made in the first decade of this epidemic, there remains a greater need for multisectoral and social mobilization programming. This requires increased emphasis on coordinating the efforts within the United Nations and among all key actors operating in developing countries, including bilateral agencies.

63. UNICEF was actively involved and supportive in efforts to consolidate various coordinating mechanisms. These include the strengthening of the Inter-Agency Advisory Group on AIDS (IAAG), the main forum for coordination of HIV/AIDS programme within the United Nations system; the creation of a task force on HIV/AIDS that addresses coordination between United Nations and bilateral agencies, NGOs and others engaged in similar efforts; and, the

establishment of a joint and co-sponsored United Nations programme on HIV/AIDS. The process to establish the joint programme has involved close consultation amongst the United Nations partners - WHO, UNDP, UNFPA, UNESCO, The World Bank and UNICEF. Initially this involved an inter-agency working group, which was followed by a transition team to establish the new Programme in accordance with the relevant resolutions of the Economic and Social Council.

64. During 1993 and 1994, UNICEF has worked within the framework of the global AIDS strategy to develop and implement HIV/AIDS prevention and care approaches that fit within its programme of assistance, focusing on women and youth and on the reduction of the impact of HIV/AIDS on children. These approaches are well described in the following publications: AIDS: the Second Decade - A Focus on Woman and Youth; Progress report on UNICEF programme activity in the prevention of the human immunodeficiency virus and in reducing the impact of acquired immune deficiency syndrome on families and communities; Young People in Action (report of the Eighth International Conference on AIDS in Africa, Marrakech, 1993); and Action for Children Affected by AIDS - Programme Profile and Lessons Learned.

65. UNICEF has recognized the broader societal determinants of the spread of HIV - particularly the status of women and youth - and seeks to address these through multisectoral programmes. Principal emphasis has been on sustainable partnership development in the areas of youth health and development promotion with youth and community organizations; school-based interventions with the education system, students, parents and teachers associations; sexual and reproductive health promotion with the health system, youth, women and men's groups; mass communication and social mobilization with the entertainment industry and the mass media; and family and community care with NGOs, religious institutions and local (community-based) organizations.

66. In an effort to develop and accelerate programming approaches in these areas that demonstrate "proof of principle" at scale, UNICEF's major emphasis has been in approximately 30 strategic programming countries, representing the main geographic regions of the developing world and each focusing specially in one of the programming areas described above. Support to the efforts of these lead programming countries is provided through the five technical support groups in each of the subject areas. The technical support groups are comprised of UNICEF programme officers from strategic programming countries, headquarters and regional offices and representatives of collaborating technical agencies. Key partners in the technical support groups initiatives include WHO (WHO Global Programme on AIDS, adolescent health, mental health, STD and women's health, health education divisions), the Pan American Health Organization (PAHO), UNDP, UNFPA, UNESCO, Family Care International, Family Health International (AIDSCAP), the International Children's Center, International Planned Parenthood Federation, ICHAR (Karolinska Institute), Ogilvy Adams and Rinehart, Rockefeller Foundation, the Salvation Army, the Centers for Disease Control (CDC) and the World Young Women's Christian Association (YWCA) among others.

67. In recent months, the growing appreciation of the impact that youth health and development promotion have on the achievement and sustainability of the World Summit for Children's year 2000 goals has been increasingly evident. Although it was HIV/AIDS that more sharply focused UNICEF's attention on young

people, it is clear that a number of other health behaviours that start during adolescence also need to be addressed, including other STDs, adolescent pregnancy, substance abuse, violence and poor nutrition. The strategic programming countries that are concentrating their efforts in this area (including the Philippines, Uganda, Rwanda, the West Bank and Gaza) have been able to synthesize and document situation analyses, policy review and development and programming options. They are also exploring the priorities for meeting the needs of youth in acute and chronic emergencies, and designing approaches to involving young people as a resource in a way that contributes to their health and development.

68. Another key area for youth health and development promotion is school-based interventions. The objective of these efforts is to provide young people in schools with both basic health education and the "life skills" needed to make informed decisions. Health education and curriculum development, including components on HIV/AIDS prevention, are the programme areas of concentration for Zimbabwe, Thailand and the Caribbean nations. Extracurricular activities, including school health clubs and after-school services are the key elements of innovative initiatives in Cameroon and other countries.

69. There are now a range of programming examples in UNICEF offices for the use of mass communication and mobilization strategies to address youth health issues, including HIV/AIDS: youth involvement in national radio broadcasts (Côte d'Ivoire); technical assistance to radio talk-back programmes (Senegal); journalists' training (Egypt); evaluation of the impact of a television and radio drama that focuses on health issues (South Africa); work with national television and prominent football teams (Honduras); and the expansion of Straight Talk, the youth and sexuality newspaper initiated in Uganda, to other countries. From these and many other experiences, a series of working instruments for use by UNICEF offices are being developed, including guidelines and key questions for conducting situation analysis and programme planning, and a series of programming examples with key universal principles for action. The range of UNICEF country offices involved in the technical support group process has expanded from 7 to 10 as have the number of partners with organizations as diverse as Children Television Workshop, AIDSCAP and the German Agency for Technical Cooperation all involved in supporting country and global programming.

70. Sexual and reproductive health promotion is another approach that seeks to provide quality and user-friendly sexual and reproductive health services through the primary health care system in a manner that facilitates partnership-building involving the health sector, women and youth organizations. The approach utilizes mechanisms already developed through ongoing programmes and strategies supported by UNICEF and partners such as the Bamako Initiative (Benin), the health service reform efforts and decentralization (Zambia, Swaziland) and advocacy programmes (Colombia). These efforts have contributed to the design of quality and user-friendly services for STD prevention and care and HIV counselling (Myanmar, Benin) and for maternal syphilis prevention and control (Zambia). The sustainability of STD prevention and care services has been addressed through cost-sharing in the context of the Bamako Initiative strategy (Benin).

71. In the area of family and community care, UNICEF has developed sustained partnerships over the past years with religious institutions, non-governmental and community-based organizations in eastern and southern Africa to address the needs of children and families affected by AIDS. In 1994, WHO and UNICEF joined efforts to document the impact of HIV/AIDS on children and innovative responses to the needs of these children in their joint publication Action for children Affected by AIDS - Programme Profiles and Lessons Learned. The document is meant to raise awareness of the pandemic's profound consequences for children and share experience among those with an interest in children and all those who carry responsibility for responding to the many challenges posed by HIV/AIDS, including policy-makers, programme planners and those working directly with children.

72. UNICEF is now working as part of the new United Nations programme on AIDS. Through that framework, it is seeking effective ways to ensure that the HIV-related components of these initiatives are a central part of that coordinated approach to HIV/AIDS action. Preparations are under way for a detailed review, together with the Joint Programme, of UNICEF's experience in over 30 strategic programming countries. This review will seek to synthesize the work of the inter-agency technical support groups and to harmonize these continuing efforts with the work of the Joint Programme.

C. United Nations Development Programme

73. Since the last report to the General Assembly and the Economic and Social Council of the Director-General of WHO, UNDP has continued to work within the framework of the WHO/UNDP Alliance to Combat AIDS and the memorandum of Understanding signed by both agencies to facilitate the implementation of the Alliance.

74. The primary focus of the UNDP HIV and development programme is to learn the lessons of what works and what does not, namely, to understand development practice in this area better and to strengthen national capacity to develop effective and sustainable community-based and multidimensional programmes. Within this context and in collaboration with many development partners, UNDP has initiated and supported a broad range of activities. The HIV and development programme is contributing to the global response to the epidemic by assisting countries to understand better the interdependent relationships between development and the HIV epidemic and to strengthen understanding of its potential psychological, social and economic impact. The approach adopted includes advocacy, training workshops, discussion papers, seminars, the development of multisectoral planning tools and participatory and community-based monitoring, documentation, evaluation and programme development approaches. The programmatic approaches and processes being identified and developed take into account the complexity of behaviour change and of support to those affected, locating the processes of change within the community itself while strengthening the institutional infrastructure required for programme and policy development.

75. One example of the importance that UNDP places upon working in partnerships has been the creation of the partnership programme to enhance national capacity

to analyse and respond to the psychological, social and economic determinants and consequences of the HIV epidemic. The main focus of UNDP in this area is to assist selected communities, academic institutions and countries to create and strengthen their capacity to undertake HIV-related action-oriented research to analyse the data and findings in a manner that would be directly relevant to national programme and policy development and to assist community organizations, programme managers, other government officials, activists and leaders to assess and redesign their policies and interventions in the light of the research findings. The programme is currently concentrating on facilitating the work of research teams in the Central African Republic, Kenya, Senegal and Zambia through partnerships with resource persons and academic institutions from different regions of Africa, North America and Europe.

76. An important part of UNDP's approach to ensuring an effective and sustainable response to the epidemic has been the establishment of a protective and supportive legal, ethical and human rights environment. The approach has been based on two critical components: global advocacy of these issues and the development of a local capacity to develop appropriate responses through the establishment of national and regional networks on human rights, law and ethics. Programme activities to date in this area have concentrated on facilitating the establishment of national and regional networks on ethics, law and HIV in Africa, Asia and the Pacific, and Latin America and the Caribbean, through exploratory missions, technical assistance, seed funds for establishing national networks, planning meetings and intercountry consultations. An intercountry consultation that led to the formation of the regional network of Asia and the Pacific on law, ethics and HIV was held in May 1993 in the Philippines. This consultation brought together members of 15 national networks from the Asia/Pacific region. The intercountry consultation of the African network on ethics, law and HIV, which launched this regional network on 1 July 1994 in Senegal, united eight national networks and has provided the impetus for additional African countries to form networks.

77. UNDP's work within the HIV epidemic has also stressed the crucial importance of partnerships with organizations of people living with HIV and AIDS and with organizations that support them in all regions within UNDP's mandate. One manifestation of such partnerships was the First Conference of the Network for African People Living with HIV/AIDS, held in Kenya in May 1994, which brought together people from 13 French- and English-speaking African countries and the subsequent launching of this network.

78. UNDP has also been instrumental in the establishment of a civil-military alliance to combat the HIV epidemic, thus also linking issues of national security to the processes of development.

79. UNDP's focus on supporting and implementing programmes to assist and empower women to respond to and survive within the HIV epidemic is integrated into all of its programme and policy initiatives. The approach has been to identify and address the particular factors - cultural, social, legal, psychological and economic - which make women vulnerable, whilst at the same time recognizing that the issues relevant to men's behaviour and vulnerabilities must also be addressed. UNDP has brought to the issues surrounding women and HIV the experiences and lessons of three decades of work on women and

development. The identification of issues relating to the particular vulnerability of young women and post-menopausal women to HIV infection was the subject of a UNDP study on young women and HIV. This study, along with other publications, has had a critical impact on revisions to research and programme priorities in this area.

80. A number of additional key areas related to the socio-economic causes and consequences of the HIV epidemic are examined in UNDP's Issues Paper series, including the economic impact of the epidemic, people living with HIV (law, ethics and discrimination), placing women at the centre of the analysis, behaviour change (analogies and lessons from the experience of homosexual communities), the role of the law in HIV and AIDS policy, children in families affected by the HIV epidemic, and many others. UNDP publications also include documents on AIDS in Asia, HIV and development in Africa and, most recently, a book entitled "HIV and AIDS: the Global Interconnection", which brings together chapters written from different perspectives by activists, government officials, educators, health-care workers, artists, journalists and others from around the world. Their stories of living with and responding to HIV demonstrate that HIV and AIDS are not only a challenge facing individuals, but a challenge facing families, communities, nations and the entire world. These publications are consistently distributed to all of UNDP's 132 country offices, as well as other partners and interested nongovernmental and community-based organizations, particularly those seeking insight on how to respond to the HIV epidemic in developing countries.

D. United Nations Population Fund

81. UNFPA provides support for HIV/AIDS prevention and control activities in line with national AIDS control policies and programmes, and within the scope of the overall global AIDS strategy. UNFPA AIDS prevention activities are integrated into ongoing programmes and projects in the population sector, particularly, MCH/family planning (MCH/FP) service delivery and information, education and communication programmes and projects.

82. UNFPA support for HIV/AIDS prevention activities during 1993 and 1994 focused on the following areas: (a) education and communication, including the in-school and out-of-school population and family-life education, and public information and education activities on HIV/AIDS; (b) MCH/FP services, including support for preventive counselling on HIV/AIDS and the widespread distribution of condoms and spermicides as part of MCH/FP service programmes, and equipment and supplies for the protection of MCH/FP personnel, including traditional birth attendants; (c) training, including the incorporation of HIV/AIDS education and information components into all pertinent training programmes, particularly those for service providers and counsellors; and (d) research, including sociodemographic, operational, and biomedical research.

83. UNFPA supported HIV/AIDS prevention activities in over 90 countries during 1993 and 1994. Increasing attention was given to activities addressing the reproductive health needs of women, youth and adolescents. In many of these HIV/AIDS prevention activities, UNFPA collaborated closely with various United Nations agencies and organizations such as the ILO, UNDP, UNICEF, UNESCO and

WHO, and with several NGOs. The latter have included the Algerian Association of Family Planning, the Belize Family Life Association, the Burundi Association for Family Welfare, the Cook Islands Child Welfare Association, the Family Life Association of Swaziland, the Family Planning Association of Turkey, the Fédération Togolaise des Associations et Clubs UNESCO, the Fijian Council of Women, the Guyana Responsible Parenthood Association, the Groundwork Theatre in Jamaica, the Social Marketing Network in Haiti, the Syrian Family Planning Association, the Tata Institute for Social Sciences in India, and the World Scouts Bureau in Kenya. During 1994, the Fund prepared and distributed the 1993 AIDS Update, an annual publication highlighting UNFPA's support for HIV/AIDS prevention activities around the globe.

84. In 1993 and 1994 UNFPA supported several regional and interregional activities in the area of HIV/AIDS prevention. In the Africa region, HIV/AIDS prevention modules were incorporated in the training programme in clinical skills offered in Mauritius; in the population and communication regional training programme in Kenya; and in the Portuguese-language training programmes in clinical skills in Mozambique and Sao Tome. In the Asia and the Pacific region, UNFPA provided support to the UNESCO-executed regional project on population education and communication. During 1993-1994, project activities included the dissemination of AIDS prevention information materials for adolescents; translation of teaching materials on AIDS education from Thai into English; and collaboration with other United Nations agencies in the workshop held in the Philippines on the economic implications of HIV/AIDS.

85. In the Latin America and the Caribbean region, HIV/AIDS prevention information was included in the educational materials developed by the UNFPA-supported project on population education for out-of-school rural youth in Central America. The institutional capacity of rural youth organizations has been strengthened so as to enable them to disseminate directly population education and AIDS-awareness messages to their target audience of youth in rural areas, and to policy makers. In addition, under the UNFPA-supported and PAHO-executed project on quality of care in family planning services, regional workshops have been organized to test a model on women's reproductive health services. The model includes a component on HIV/AIDS prevention.

86. At the interregional level, UNFPA participated actively in meetings to develop the joint and co-sponsored United Nations programme on AIDS. This included the assignment of a senior technical officer to the Geneva-based transition team to assist in the preparation of a comprehensive proposal to be submitted to the Economic and Social Council.

87. Additionally, to promote and enhance coordination of HIV/AIDS prevention activities, UNFPA participated in meetings of the Inter-Agency Advisory Group on AIDS and the WHO Global Programme on AIDS Management Committee. Financial support was provided by UNFPA to the Management Committee Task Force on HIV/AIDS coordination for the publication of the biennial report on HIV/AIDS activities. Under the auspices of the Joint Consultative Group on Policy, UNFPA supported and actively participated in the inter-agency training of trainers on HIV workshops organized in Zimbabwe in 1993 and in Senegal and Colombia in 1994.

88. UNFPA worked closely with WHO in preparing estimates for condom requirements for HIV/AIDS prevention as part of in-depth studies in Turkey, Viet Nam, the Philippines (during 1993), Bangladesh, Brazil and Egypt (during 1994) undertaken within the framework of the Fund's Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s. UNFPA also published and disseminated a technical report entitled "Contraceptive Use and Commodity Costs in Developing Countries, 1994-2005", prepared in collaboration with the Population Council. The report includes global estimates of condom requirements for STD/AIDS prevention, prepared by WHO.

89. UNFPA also provided support to the WHO project on family planning technologies. Under this project an integrated version of the guidelines on HIV/AIDS prevention in MCH/FP programmes is being developed. Support has also been provided to a WHO project focusing on reproductive health and adolescence, which incorporates HIV/AIDS prevention activities.

90. In 1993, the World Assembly of Youth, with support from UNFPA, disseminated information to youth and youth organizations on issues including population and development, adolescent health, sex education, drug abuse prevention, and HIV/AIDS prevention. UNFPA provided support to the Population Council's International Committee for Contraception Research, which includes the development of microbicides/spermicides that protect against STDs, including HIV/AIDS.

91. During 1993, UNFPA prepared the main background document for the round table on the impact of HIV/AIDS on population policies and programmes that was organized as part of the preparatory process for the International Conference on Population and Development.

92. The International Conference on Population and Development, held in Cairo from 5 to 13 September 1994 clearly identified HIV/AIDS prevention as an important component of reproductive health and thus reaffirmed the approach already begun by UNFPA in this area. As part of the follow-up to the International Conference on Population and Development, UNFPA organized in December 1994, an expert consultation on reproductive health and family planning: directions for UNFPA assistance. Inputs from this meeting together with the recommendations of the International Conference will serve to develop further and enhance UNFPA support for HIV/AIDS prevention activities.

E. Office of the United Nations High Commissioner for Refugees

93. During 1993-1994, in collaboration with WHO, NGOs and local authorities, UNHCR carried out numerous assessments of activities being undertaken to ensure that STD/HIV/AIDS prevention and care are being addressed systematically in refugee camps. This has resulted in the institutionalization of HIV/AIDS activities as an integral part of the health-care delivery systems in refugee camps. It also highlighted the need to develop practical guidelines for (a) the prevention of the transmission of HIV/AIDS including management of curable STDs, condom promotion and distribution as well as blood safety and (b) the care and

support of refugees with HIV/AIDS (e.g. the WHO recommendations for the prevention of HIV/AIDS in Rwanda).

94. UNHCR addressed the situation of violence against women and the type and quality of reproductive health services, including existing infrastructures, gaps, resources and projects designed to prevent, treat and protect refugee women against rape, sexual abuse and forced prostitution. This resulted in the development of guidelines for field staff on violence and rape among refugees which were issued in March 1995, entitled "Sexual Violence Against Refugees: Guidelines on Prevention and Response".

95. In collaboration with other United Nations system agencies and bilateral organizations, the Office undertook studies on knowledge, attitude and behaviour in several countries so as to streamline HIV/AIDS activities within the framework of national AIDS programmes.

96. Given that condoms offer effective protection against the sexual transmission of HIV if consistently and correctly used, UNHCR took a policy decision to begin the systematic inclusion of condoms in relief supplies at the outset of every emergency. This has encouraged implementing partners to treat HIV/AIDS as a priority issue in refugee health care. UNHCR promotes coordination between national AIDS programmes, United Nations system agencies and the NGOs involved in refugee health care in order to ensure effective and technically sound programme formulation and implementation, consistent with the global AIDS strategy.

F. United Nations International Drug Control Programme

97. The United Nations International Drug Control Programme (UNDCP) implements the global AIDS strategy primarily by helping to design and fund projects in developing countries. The main regions of the world where HIV infection is spread via drug abuse are in Latin America and Asia. In Latin America, and Brazil in particular, where there is evidence that cocaine is injected, there is an acute problem. UNDCP has contributed US$ 2,300,000 towards a US$ 9 million World Bank project that aims to reduce or stabilize the transmission of HIV among injecting drug users in 10 priority States by providing outreach services (including needle exchange) and treatment. The project also aims to prevent drug abuse and HIV transmission among the general population, with an emphasis on those with high-risk behaviours, such as prostitutes and street children. The project started in 1994 and will run for three years.

98. UNDCP undertook studies in Myanmar and Viet Nam on injecting drug use and HIV infection. Based on the findings a subregional project for prevention of HIV and other harmful consequences of injecting drug use is in the process of formulation. The countries included are Cambodia, China, the Lao People's Democratic Republic, Myanmar, Thailand and Viet Nam.

G. International Labour Organization

99. During 1993-1994 the AIDS-related activities of ILO focused on four interlinked areas: protecting the employment rights of HIV-positive persons or persons with AIDS; promoting public information and education about AIDS in the workplace, through companies and through employers' and workers' organizations; protecting the health of workers who are occupationally exposed; and analysing the consequences of AIDS on human resources and labour supply and on social security schemes.

100. Education activities within national projects on population and family welfare education deal with issues of reproduction, responsible sexual behaviour, family health, contraception and AIDS education. AIDS was also a component of ILO projects on cooperatives and public works programmes.

101. On the basis of earlier work on sexual protection in the workplace, global feminization of precarious labour and inequalities observed in labour markets and syntheses of data on teenage pregnancy in sub-Saharan Africa, ILO issued papers on general and labour issues in the spread of HIV/AIDS, socio-economic aspects of sex roles and reproductive health and female workers' sexual vulnerability: the need for workplace protection.

102. During the biennium, ILO continued to promote the adoption and application of national legislation, collective agreements and enterprise policies to deal with AIDS and the workplace, consistent with the principles set down in the joint WHO/ILO statement on AIDS and the workplace and the relevant international labour conventions, especially the Discrimination (Employment and Occupation) Convention, 1958 (No. 111). This Convention includes the adoption of specific laws and regulations relating to recruitment, screening, confidentiality, training and information, social protection, etc. The ILO Committee of Experts on the Application of Conventions and Recommendations, which supervises the application by Member States of ratified Conventions, periodically examines information provided in Governments' reports concerning the application of Convention No. 111 on the measures taken, in legislation and in practice, to protect HIV-positive persons and persons with AIDS, against discrimination in employment. It has been proposed that the Convention could be revised to include specific mention of discrimination on the basis of health status.

103. As part of an international study on legislation and enterprise practice being carried out in 13 countries, national case studies have been completed or are being finalized by national consultants in Africa (Côte d'Ivoire, South Africa, Uganda); the Americas and the Caribbean (Brazil, Jamaica, Mexico, United States of America); Asia (India, Indonesia, Thailand); Europe (France, Poland, Switzerland). Results will be published by the end of the year, and may be submitted for discussion at a joint WHO/ILO meeting proposed for next year which would review the 1988 joint WHO/ILO statement on AIDS and the workplace and draw up a code of good practice.

104. ILO organized tripartite workshops on the methods of control of HIV/AIDS and protection of workers against discrimination, including development and implementation of enterprise policies related to testing, confidentiality, counselling, leave, medical care, insurance, occupational health and sexual

harassment. These themes were fully treated in the tripartite workshop on the role of organized sector in reproductive health and HIV/AIDS prevention organized in Uganda in November-December 1994 for 20 English-speaking African countries by ILO, with UNFPA's financial support and joint WHO/ILO technical assistance. The workshop was very well attended by 16 Governments, representatives of 17 employers' and 16 workers' organizations, and participants from the International Confederation of Free Trade Unions, the Organization of African Trade Union Unity and AIDSCAP. The possibility of holding a similar workshop for French-speaking African countries is being explored.

105. ILO carried out an intercountry study involving Rwanda, the United Republic of Tanzania, Uganda and Zambia on the impact of HIV/AIDS on the productive labour force. Among the issues to be addressed in the study are the incidence of HIV/AIDS among the productive labour force and the effects of the incidence on labour supply/employment; employment security and discrimination; labour productivity; labour mobility; wages and labour costs; education and training; and possible gender dimensions of the processes involved. The final report, expected to be published shortly, will be used in national workshops, which will in turn develop recommendations for policy formulation and action.

H. Food and Agriculture Organization of the United Nations

106. Field work was carried out in 1993 in connection with the study on the effects of HIV/AIDS on farming systems and rural livelihoods in Uganda, the United Republic of Tanzania and Zambia and the results presented at a seminar held in January 1994 with UNDP and the International Fund for Agricultural Development (IFAD). The study clearly demonstrated the impact of the epidemic on small farmers, in particular through loss of labour and resources resulting in a reduction of crop variety and production, a decline in yields, acreage and livestock production, an increase in pests and diseases of plants and cattle and, finally, the loss of extension services and the human capital of knowledge and management skills. These changes also affect the food security of the rural household. The methodology used in the study was reviewed in June 1994 at a meeting of the three country research teams. The methodology was based on rapid participatory rural assessments and the quality of the results was closely linked to the experience and composition of the research teams. National workshops were held to convey the results to national policy and decision makers in the three studied countries. On the basis of the East African experience, an extension and adaptation of the study are being considered for 1995 in West Africa.

107. The study served as an input to a section on AIDS in the State of food and agriculture presented to the FAO Council in November 1994. This was the first time that a section on AIDS was presented to the Council and debated by delegations. As a result, the FAO Council, in paragraph 16 of its report, regretted the global incidence and spread of HIV/AIDS, which was not just a health issue, but also had adverse implications for agriculture and food security. The Council urged FAO to continue monitoring the impact of HIV/AIDS and to cooperate as appropriate with WHO and other agencies in assessing the adverse effects on food security and to develop a preventive programme for the benefit of women in agriculture.

108. Three other FAO projects included significant activities in the area of HIV/AIDS: (a) Strengthening programmes for rural youth and young farmers in Uganda: as part of the field work a study on the socio-economic impact of HIV/AIDS on rural families, with special emphasis on youth, was carried out. During the second project phase an action programme for rural youth in Uganda was developed as a concerted effort of various government ministries and NGOs, which recommends addressing HIV/AIDS issues in an integrated manner in mainstream programmes for agriculture, rural development and youth; (b) Integration of population education into programmes for rural youth, (a UNFPA-funded interregional project for 1992-1996): the project builds upon an earlier project (INT/88/P98) which developed training modules for leaders of rural youth groups and aims at promoting the use of these materials in rural youth programmes; adolescent health and HIV/AIDS are a priority in the training activities. So far activities took place in China, Ethiopia, Viet Nam and Zimbabwe, and future pilots are planned in eastern Africa (the United Republic of Tanzania and Uganda), South America (Colombia and Peru) and Asia (Indonesia, Philippines and Thailand); (c) Population education methodologies for out-of-school rural youth in Central America became operational in May 1994. So far pilot train-the-trainers activities for rural youth in population education, including HIV/AIDS issues, have been carried out in Costa Rica and Nicaragua under the framework of FAO agroforestry and soil conservation projects. Institutional arrangements for pilot training in El Salvador, Guatemala and Honduras are currently being finalized. In 1995, a workshop for material development will be held, which will also produce updated educational materials on HIV/AIDS.

109. On World AIDS Day 1994, an internal FAO working group on AIDS organized a symposium opened by the Deputy Director-General, which focused on both the implications of the epidemic on the staff and on the programme of work of the organization. Colleagues from WFP and IFAD were invited. It was decided to follow up the symposium with training seminars in 1995.

I. United Nations Educational, Scientific and Cultural Organization

110. During 1993 and 1994, UNESCO continued to provide technical assistance to member States and NGOs to develop and implement education strategies for AIDS prevention, adapted to their different sociocultural contexts. The final report synthesizing the evaluation results of seven WHO/UNESCO pilot projects on school AIDS education (1988-1993) was issued. It describes and provides examples of the integration of STDs and AIDS education into normal school curricula in Ethiopia, Jamaica, Mauritius, the Pacific islands, Sierra Leone, the United Republic of Tanzania and Venezuela. In collaboration with WHO, a resource package on the design of school AIDS education for use by curriculum planners, teachers and students (12-16 years) was published in 1994. In this connection, guidelines will also be finalized during 1995 for use by decision makers in ministries of education. An international seminar on the impact of HIV/AIDS on education was organized in France from 8 to 10 December 1993. Regional seminars on planning for AIDS education in schools have been held or planned: for Asia in India, 10-14 January 1994, for English-speaking Africa in Zimbabwe, January 1995; and for French-speaking Africa in Senegal, 1996. Work has begun

on the development of a prototype teachers' guide for secondary education and on a study on HIV transmission linked to injecting drug use.

111. The network "Man against virus", comprising 25 research institutions and virology laboratories in Europe, North America and Israel and managed by UNESCO's European Regional Office for Science and Technology in Venice, Italy (ROSTE) continued its work to coordinate basic research in virology with HIV/AIDS research as a priority. Its major activities included awarding research contracts to laboratories and scientists and promoting the exchange of information among members of the network. In 1993, it co-sponsored the organization of the Congress "Cancer, AIDS and Society" which took place at UNESCO headquarters in March. During 1994, the network was responsible for several important discoveries in relation to the following: (a) the role of apoptosis; (b) the cofactor role of certain mycoplasms; (c) the multiplier effect of the production of antibodies by a mucosal immunization effected before a parenteral injection of "immunosome"; and (d) strengthening the immunogenetic effect of the protein envelope of the virus by aggregation to a liposome, called "immunosome". Three members of the network were honoured in connection with these discoveries. ROSTE Technical Report No. 17 published in 1994, entitled "Scientific Reports from members of the European Network: Man against virus", contains an account of progress achieved in scientific and medical research in the area of HIV/AIDS, as well as new data on pathogenesis, the prevention and treatment of AIDS, mucosal immunity and the "immunosome" HIV vaccine. The network is continuing research on measuring the protective effect of the candidate vaccine and its possible application in man and the early treatment of HIV-positive subjects.

112. In January 1993, UNESCO established the World Foundation for AIDS Research and Prevention, an NGO that aims to create a worldwide network of observation and applied research to identify the most promising research avenues, particularly with an opening to other disciplines. Three applied research centres have been established in Côte d'Ivoire for Africa, in France and in the United States of America. The Foundation, in collaboration with UNESCO, has established a mobile chair for Ethiopia and Uganda with the aim of ensuring the training of specialists in AIDS prevention and education for groups of youth and children.

J. International Civil Aviation Organization

113. One of the main concerns of the International Civil Aviation Organization (ICAO) is to ensure the safety of flight operations. From the onset of HIV/AIDS and until recent years, there was little evidence that linked the risk of aviation incidents and accidents to the HIV status of the pilots. Consequently there are no provisions with regard to HIV/AIDS in any ICAO document. For licensing purposes, HIV and AIDS are covered together with other disorders and diseases within the medical provisions of chapter 6 of annex 1 to the Convention on International Civil Aviation. Thus an applicant is required to be free from any condition or disability that would entail functional incapacity likely to interfere with the safe operation of an aircraft. At an ICAO aeromedical seminar held in France in November 1989 at which problems of HIV and AIDS were discussed, the position taken by the medical officers present was that HIV

testing of applicants for aviation licences was neither necessary nor advantageous.

114. In recent years, there has been concern that subtle, but aeromedically significant neuropsychiatric changes may occur in an HIV-positive person who is otherwise asymptomatic. While detection of a neuropsychiatric deficit in an HIV-infected person at annual or semi-annual intervals could be sufficient to allow timely medical intervention, this may not be an adequate safeguard for aviation. Thus the medical debate concerning whether pilots infected with HIV should be permitted to pilot an aircraft continues. Many aeromedical specialists around the world now consider that international guidelines are required. ICAO is considering taking steps to revise and amend its medical provisions and guidance material.

K. World Bank

115. The World Bank first began to finance AIDS prevention and control activities in 1986, as components of broader health and social sector projects. In 1989 it approved its first project devoted predominantly to support of AIDS activities. By the end of fiscal year 1994 there were 5 such freestanding projects, and AIDS activities were included in over 40 human resource development and social sector projects in 30 countries. It is expected that at least one freestanding AIDS/STDs project will be approved by the Bank's Board in 1995, and that several others will have AIDS components.

116. The five freestanding projects support the programmes of the Governments of Brazil, Burkina Faso, Honduras, India and Zaire, and Bank commitments to these projects total US$ 328.4 million. Funding for AIDS components within broader health projects ranges from US$ 50,000 to US$ 21.5 million. In all, World Bank loans and credits for HIV/AIDS-related activities are valued at over US$ 500 million, and projects programmed for lending within the near future will bring another US$ 150 million to the field.

117. The projects support action in nine priority areas: promoting safer sexual behaviour, preventing unsafe drug-use behaviour, promoting safe blood supplies, providing condoms, providing care and support, providing voluntary counselling and testing, providing STD care, programme management improvements and research. In many of these areas NGOs are playing an important role. Although World Bank loans are made directly to Governments, recognition of the NGO contribution to AIDS prevention and control has led to considerable effort on the part of Governments to involve them in the design and implementation of projects, with the full support of the Bank.

118. The Bank's lending for AIDS activities is supported by two forms of analysis: sector work and research. Country-specific sector work precedes project lending and provides the basis for discussion with Governments and for project design. The Bank's research work has focused mainly on the economic and social impact of HIV/AIDS. In addition, the Bank complements its own activities - in lending, sector work and research - by support for WHO's Global Programme on AIDS, to which it contributes US$ 1 million a year.

Notes

1/ Document WHO/GPA/IDS/HCS/91.6.

2/ Document WHO/GPA/IDS/HCS/93.3.

3/ Document WHO/GPA/IDS/HCS/93.2.

4/ Document WHO/GPA/IDS/HCS/92.1.

5/ Document WHO/GPA/DIR/93.3.

6/ A/47/558, annex II, AHG/Decl.1 (XXVIII).

7/ A/49/313, annex II, AHG/Decl.1 (XXX).

8/ Report of the World Conference on Human Rights, Vienna, 14-25 June 1993 [A/CONF.157/24 (Part I)], chap. III.

9/ E/CN.4/1995/45.

10/ E/CN.4/Sub.2/1993/9.